

Print name:

Electrical Permit Application
12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

| OFFICE USE ONLY | | | |
|-----------------|---------------------|--|--|
| Date Received: | Permit NoB2UCL 4056 | | |
| Date Issued: | By: CAPLIA | | |
| × | Payment Type: | | |

| Genera | BeavertonOregon.gov | | ~ | ауппент туре | ·. | | |
|--|---|--------------------|--|------------------------------|---------------------------------|--------------------------------|--------------|
| TYPE O | DF. WORK | | PI | AN REVIE | N | | |
| ☐ New construction ☐ Addition/alteration/replacement | | | Please check all that apply: Service or feeder 400am | 1 | | er over 600 an hree stories | • |
| ☐ Other: CATEGORY OF CONSTRUCTION | | | or more | | rinas and b | | |
| CATEGORY OF | 32.11 No. 11 No. 1 (10.11 No. 11 No. | <u> </u> | ☐ Fire pump ☐ Emergency system | į — | ating buildir mmercial-us | ngs se agricultur | al |
| 1- and 2-family dwelling Commercial | | 740 | Addition of new motor | bui | dings | - | |
| ↑ Multi-family ☐ Master build | | | load of 100HP or more Six or more residential unit | | allation of 15 arately deriv | 0 KVA or larg ed svstem | er |
| JOB SITE INFORMA | TION AND LOCATION | | Health-care facilities | □ "A," | "E," "I-2," "I- | 3" occupancy | |
| Job no.: Job address: 12 | 1505WCKONNI | 1 106 | ☐ Hazardous locations FE | Red E SCHEDU | | ehicle parks | |
| City/State/ZIP: R CON TENA | | <u> </u> | Description PE | Qty. | Fee | Total | T |
| Suite/bldg./apt. no.: | Project name: | - | Residential single- or multi Includes attached garage | -family dwe | lling unit | | |
| Cross street/directions to job site: | , | | 1,000 sq. ft. or less | | 194.64 | | 4 |
| Subdivision: | Lot no.: | | Ea. add'l 500 sq. ft. or portion | | 34.77 | | |
| Subdivision. | Lot no | | Limited energy, residentia (with above sq. ft.) | ' | 46.42 | | 2 |
| Tax map/parcel no.: | | | Limited energy, multi-famil | | 91.72 | , | 2 |
| DESCRIPTIO | N OF WORK | | residential (with above sq. Services or feeders installa | | | r relocation | |
| 2 2 / | 21 / Be (| \ X | 200 amps or less | 1/1 | 115.83 | | 2 |
| Justo well 200 H nam | el and & circ | un | 201 amps to 400 amps | | 137.89 | | 2 |
| ☐ PROPERTY OWNER | ☐ TENANT | uning teen nime | 401 amps to 600 amps | | 229.34 | | 2 |
| Name: | | | 601 amps to 1,000 amps | | 299.93 | | 2 |
| Natio. | | | Over 1,000 amps or volts | | 690.22 | | 2 |
| Address: | | | Utility reconnect | | 91.72 | | 1 |
| City/State/ZIP: | • | | Temporary services or feed relocation | iers installa | tion, altera | tion, and/or | Q CP, |
| Phone: | Fax: | | 200 amps or less . | | 91.72 | | 2 |
| i none. | <u> </u> | | 201 amps to 400 amps | | 127.41 | | 2 |
| E-mail: | | | 401 amps to 600 amps | | 184.11 | | 2 |
| Owner installation: This installation is being made | on property that I own, which is not inter- | ded for | 601 amps to 1,000 amps | | 225.29 | | 2 |
| sale, lease, rent, or exchange. | | | Branch circuits – new, alter A. Fee for branch circuits win | | tension, p | er panei | T |
| Owner signature: | Date: | | above service or feeder fe | | 4.26 | | 2 |
| APPLICANT | ☐ CONTACT PERSON | | each branch circuit B. Fee for branch circuits | | 1 | | |
| Business name: | | . , | without service or feeder first branch circuit | fee, | 81.14 | | 2 |
| Contact name: | * | | Each add'l branch circuit | | 4.26 | | |
| | | | Miscellaneous (service or f | and the second second second | icluded) | | |
| Address: | | | Each manufactured or modul dwelling, service, and/or feed | | 91.72 | | 2 |
| City/State/ZiP: | | | Pump or irrigation circle | | 91.72 | | 2 |
| Phone: | Fax: | | Sign or outline lighting | | 91.72 | | 2 |
| E moll: | | | Signal circuit(s) or limited-en- | ergy | 0.4 70 | | |
| E-mail: | | | extension. Describe: | | 91.72 | | 2 |
| CONTRA | CTOR | | | ./ \(\delta \) | | | - |
| Business name: Sala Fille | ING LLC | | Each additional inspection over allowable in any of the | | | | |
| Address: 19645 SE WE | ropled Hills a | h | above | 500 | 04.44 | | |
| City/State/ZIP: DOMINACUS | OR 9708 | 9 | Per inspection Investigation fee | · . | 81.14 | | - |
| Phone: 67/3 -351 - 3730 | Fax: | | Other: | | | | \vdash |
| | | | Electrical permit fees | | | | |
| E-mail: | CCB lic. no.: 160288 | ' | | SUBTOTAL | | | 0.00 |
| Electrical lic. no.: C 182 | City or metro lic.: | | Plan review | (25% of pe | rmit fee) | | |
| Supervising electrician signature, required: | 4 | - | State surcharge | (12% of pe | rmit fee) | | 0.00 |
| Print name: DRAG05 SAL | 19R Date: 9.30 | 2019 | | TAL PERM | | | 0.00 |
| | | // L | This permit application exp | | | btained wit | |
| Authorized signature: | | | 180 days after it ha | s been acce | pted as co | mplete | |

* Number of inspections allowed per permit. Form 870-1002 . REV 10/17



Electrical Permit Application
12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov

| OFFICE USE ONLY | | | |
|------------------------|------------------------|--|--|
| Date Received: 9-27-17 | Permit No.: 32019-4068 | | |
| Date Issued: 9-27-19 | By: All | | |
| • | Payment Type: VISC | | |

| | TYPE O | F WORK | |
|--|---------------------------------------|---|---|
| ☐ New construction | ☑ Addition/alte | ration/replacem | nent |
| | ☐ Other: | CONSTRUCT | ION |
| 1- and 2-family dwelling | ☑ Commercial | the consequences began as a | ☐ Accessory building |
| ☐ Multi-family | ☐ Master build | . 5. 455 . 4 25 4 25 | ☐ Other: |
| | JOB SITE INFORMA | santa, injuine een een | |
| Job no.: | Job address: 86 | <u>25 su</u> | 1) Cascade |
| City/State/ZIP: | | 1 | |
| Suite/Bldg./apt. no.: 50 | 0 & 506 | Project name | Anitian T.I |
| Cross street/directions to job | site: | | |
| Subdivision: | | Lot no,: | |
| Tax map/parcel no.: | | | |
| | DESCRIPTIO | N OF WORK | |
| Brai | nch eire | sits + | 6, T.I. |
| ☐ PROPERTY | OWNER | | ☐ TENANT |
| Name: | | | _ |
| Address; | | | |
| City/State/ZIP: | | | |
| Phone: | | Fax: | |
| | | | |
| E-mail: | | | |
| | | on property tha | it I own, which is not intended for |
| Owner installation: This ins sale, lease, rent, or exchange | e. | | |
| Owner installation: This ins sale, lease, rent, or exchange Owner signature: | e. | | Date: |
| Owner installation: This ins sale, lease, rent, or exchange Owner signature: | e. | | Date: |
| Owner installation: This ins sale, lease, rent, or exchange Owner signature: APPLIC Business name: | e. | | Date: |
| Owner installation: This ins sale, lease, rent, or exchange Owner signature: APPLIC Business name: Contact name: | e. | | Date: |
| Owner installation: This ins sale, lease, rent, or exchange Owner signature: APPLIC Business name: Contact name: Address: | e. | | Date: |
| Owner installation: This ins sale, lease, rent, or exchange Owner signature: APPLIC Business name: Contact name: Address: City/State/ZIP: | e. | | Date: |
| Owner installation: This ins sale, lease, rent, or exchange Owner signature: APPLIC Business name: Contact name: Address: City/State/ZIP: Phone: | e. | Fax: | Date: |
| Owner installation: This ins sale, lease, rent, or exchange Owner signature: APPLICE Business name: Contact name: Address: City/State/ZIP: Phone: E-mail: | e. | Fax | Date: |
| Owner installation: This ins sale, lease, rent, or exchange Owner signature: APPLICE Business name: Contact name: Address: City/State/ZIP: Phone: E-mail: | e. CONTRA | Fax | Date: |
| Owner installation: This ins sale, lease, rent, or exchange Owner signature: APPLICE Business name: Contact name: Address: City/State/ZIP: Phone: E-mail: Business name: R. C. | e. CONTRA | Fax | Date: CONTACT PERSON Crical Cont. Inc. |
| Owner installation: This ins sale, lease, rent, or exchange Owner signature: APPLIC Business name: Contact name: Address: City/State/ZIP: Phone: E-mail: Business name: R. C. Address: P. O. Bo: | contra Costello X 336 | Fax: CTOR Elect | Date: CONTACT PERSON Crical Cont. Inc. |
| Owner installation: This ins sale, lease, rent, or exchange Owner signature: APPLIC Business name: Contact name: Address: City/State/ZIP: Phone: E-mail: Business name: R. C. Address: P. O. Bo: City/State/ZIP: Address: P. O. Bo: City/Sta | contra Costello X 336 | Fax: CTOR Elect | Date: CONTACT PERSON Crical Cont. Inc. |
| Owner installation: This ins sale, lease, rent, or exchange Owner signature: APPLICE Business name: Contact name: Address: City/State/ZIP: Phone: E-mail: Business name: R. C. Address: P. O. Bo: City/State/ZIP: Arrocco | contra Costello × 336 a OR | Fax: CTOR Elect Fax: CCB lic. no.: | Date: CONTACT PERSON Cracal Cont. Inc. |
| Owner installation: This ins sale, lease, rent, or exchange Owner signature: APPLICE | contra Costello × 336 a OR | Fax: CCB lic. no.: City or metro | Date: CONTACT PERSON Crical Cont. Inc. 87402 lic: 4170 |
| Owner installation: This ins sale, lease, rent, or exchange Owner signature: APPLICE | contra Costello × 336 a OR | Fax: CTOR Flect G7002 Fax: CCB lic. no.: City or metro | Date: CONTACT PERSON Colcal Cont. Inc. 2. |
| Owner installation: This ins sale, lease, rent, or exchange Owner signature: APPLICE Business name: Contact name: Address: City/State/ZIP: Phone: E-mail: Business name: F, C, Address: P, O, B, O; City/State/ZIP: Approximately for the contact name; E-mail: Contact name; E-mail: Contact name; Supervising electrician signature, required: | CONTRA Costello 336 6758 140 140 | Fax: CTOR Flect G7002 Fax: CCB lic. no.: City or metro | Date: CONTACT PERSON |
| Owner installation: This ins sale, lease, rent, or exchange Owner signature: APPLICE | CONTRA Costello 336 6758 140 140 | Fax: CTOR Flect G7002 Fax: CCB lic. no.: City or metro | Date: |

| Payme | ent Type | : V150 | | | |
|---|---------------|-----------------------------|---------------------------|--|--|
| PLAN. REVIEW | | | | | |
| Please check all that apply: | | | er over 600 am | ps | |
| Service or feeder 400amps or more | I | • | hree stories | | |
| Fire pump | 1— | inas and b ating buildir | | | |
| ☐ Emergency system | 1= | _ | ngs se agricultura | 1 | |
| ☐ Addition of new motor | | dings | | | |
| load of 100HP or more | | | 60 KVA or large | er | |
| Six or more residential units Health-care facilities | | arately deriv | ed system 3° occupancy | | |
| Hazardous locations | | | ehicle parks | | |
| FEE S | | | | Arvini. | |
| Description | Qty. | Fee | Total | | |
| Residential single- or multi-fan | | | | (es/32) | |
| Includes attached garage | | | | | |
| 1,000 sq. ft. or less | | 194.64 | | 4 | |
| Ea. add'l 500 sq. ft, or portion | | 34.77 | | | |
| Limited energy, residential | | | | | |
| (with above sq. ft.) | | 46.42 | | 2 | |
| Limited energy, multi-family | | 91.72 | | 2 | |
| residential (with above sq. ft.) Services or feeders installation | plicant | <u> </u> | r releastion | L Gymrei | |
| | , and di | | | | |
| 200 amps or less | + | 115.83 | | 2 | |
| 201 amps to 400 amps | | 137.89 | | 2 | |
| 401 amps to 600 amps | | 229.34 | | 2 | |
| 601 amps to 1,000 amps | | 299.93 | | 2 | |
| Over 1,000 amps or volts | | 690.22 | | 2 | |
| Utility reconnect | | 91.72 | | 1 | |
| Temporary services or feeders relocation | installa | tion, aitera | ition, and/or | | |
| 200 amps or less | | 91.72 | | 2 | |
| 201 amps to 400 amps | | 127.41 | | 2 | |
| 401 amps to 600 amps | 1 | 184.11 | | 2 | |
| 601 amps to 1,000 amps | 1 | 225.29 | | 2 | |
| Branch circuits – new, alteration, or extension, per panel | | | | | |
| A. Fee for branch circuits with | ii, oi ex | ranonii b | er barrer | 100,000 | |
| above service or feeder fee, | | 4.26 | | 2 | |
| each branch circuit | | | | | |
| B. Fee for branch circuits without service or feeder fee, | 1, | 81.14 | 81.14 | 2 | |
| first branch circuit | ' | 01.14 | 01119 | _ | |
| Each add'i branch circuit | 10 | 4.26 | 42.60 | | |
| Miscellaneous (service or feed | | cluded) | | | |
| Each manufactured or modular | | | | | |
| dwelling, service, and/or feeder | | 91.72 | | 2 | |
| Pump or imigation circle | | 91.72 | | 2 | |
| Sign or outline lighting | | 91.72 | | 2 | |
| Signal circuit(s) or limited-energy | | | | | |
| panel, alteration, or extension. Describe: | | 91.72 | | 2 | |
| extension, Describe: | | | | | |
| Each additional inspection | 5. 35 | | | | |
| over allowable in any of the | 3 | | | | |
| above | i. | | | | |
| Per inspection | 1 | 81.14 | | | |
| Investigation fee | 1 | | | | |
| Other: | 1 | | | | |
| Electrical permit fees | () | | | | |
| · | <u> </u> | <u> </u> | 149 -111 | 0.00 | |
| SUB | TOTAL | | 123.74 | υ.UU | |
| Plan review (25% | % of per | mit fee) | | | |
| State surcharge (12% of permit fee) 14,850.0 | | | | 0.00 | |
| | | | | | |
| TOTAL | L PERM | IIT FEE | 138,59\$ | 0.00 | |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Number of inspections allowed per permit.
Form B70-1002 REV 10/17



Electrical Permit Application 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222

| OFFICE USE ONLY | | | | |
|----------------------------------|------------------------|--|--|--|
| Date Received: | Permit No.: | | | |
| Date Issued: | By: B2019-3641 | | | |
| 9 - 26 - 19 CITY OF BEAVERTON | Payment Type: HU Outle | | | |

| | Deaverte | MoreBourBos [| | | - DEAVERTON | | | | |
|---|----------------------|-------------------------------|---|---|---|------------------------------|----------------------------------|---|--|
| TYPE OF WORK B | | ВΨ | | NG DIVISION PLAN | REVIE | ice or feede | rover 600 am | ne. | |
| ⊠ New construction | | | | ease check all that apply: Service or feeder 400amps | | | ree stories | iha | |
| Other: | | | | or more | . — | inas and bo | • | | |
| CATEGORY OF CONSTRUCTION | | | | · · · · · · · · · · · · · · · · · · · | | sting buildin nmercial-us | igs e agricultura | ı | |
| ☑ 1- and 2-family dwelling ☐ Commercial | | Accessory building | | 1 | Addition of new motor | bull | dings | Ū | |
| ☐ Multi-family ☐ Master build | | Other: | | lo | load of 100HP or more Six or more residential units | | allation of 15 arately derive | 0 KVA or large ed system | er . |
| JOB SITE INFORMAT | TION AND LOCA | TION | | 6 | **** | □ A. | E, 1-2, 1-3 | occupancy | |
| Job no.: Job address: 1213 | 0 SW 173rd | I Теггасе | | | | ☐ Red | | ehicle parks | |
| City/State/ZIP: BEAVERTON, OR 970 | 07 | | | | Description | Qty. | Fee | Total | * |
| Suite/bldg./apt. no.: | Project name: | | | | sidential single- or multi-farr :ludes attached garage | ily dwel | | | 11 11 11 11 11 11 11 11 11 11 11 11 11 |
| Cross street/directions to job site: 175TH AVE | AND SW BA | RROWS RD | | <u> </u> | 000 sq. ft. or less | +- | 194.64 34.77 | | 4 |
| Subdivision: SOUTH COOPER MT | Lot no.: 174 | | | Ea | . add'i 500 sq. ft. or portion Limited energy, residential | 1 | 46.42 | 46,42 | 2 |
| Tax map/parcel no.: | | | | - | (with above sq. ft.) Limited energy, multi-family | +- | 91.72 | | 2 |
| DESCRIPTIO | N OF WORK | | | L | residential (with above sq. ft.) | - 10 - 2 - 41 | | rataantian | <u>Ľ</u> |
| NEW CONCESSION | | | | - | rvices or feeders installation | , arrerati | 115.83 | 115.83 | 2 |
| NEW CONSTRUCTION | | | | | 0 amps or less 1 amps to 400 amps | + | 137.89 | 110.00 | 2 |
| D PROPERTY OWNER | 1 | ☐ TENANT | | | 1 amps to 600 amps | | 229,34 | | 2 |
| | | □ 1EMAN1 | | - | 1 amps to 1,000 amps | 1 | 299.93 | | 2 |
| Name: SK HOFF CONSTRUCTION | | | | | er 1,000 amps or volts | | 690.22 | | 2 |
| Address: 735 SW 158TH AVE | | | | | lity reconnect | | 91.72 | | 1 |
| City/State/ZIP: BEAVERTON ,OR 97006 | | | | | mporary services or feeders ocation | installat | ion, altera | tion, and/or | |
| Phone: (503) 641-7342 | Fax: (503) 64 | 11-7661 | | 20 | 0 amps or less | | 91.72 | | 2 |
| | 1 (000/ 0 | | | | 1 amps to 400 amps | | 127.41 | | 2 |
| E-mail: sguerrero@arborhomes.com | | | | - | 1 amps to 600 amps | | 184.11 | | 2 |
| Owner installation: This installation is being made | on property that I c | wn, which is not intended for | . | | 1 amps to 1,000 amps | | 225.29 | - nana! | 2 |
| sale, lease, rent, or exchange. | | 01/20/10 | | | anch circuits - new, alteration Fee for branch circuits with | n, or ex | tension, pe | t hauer | Ι |
| Owner signature: | | _{Date:} 01/29/19 | | | above service or feeder fee, | | 4.26 | | 2 |
| M APPLICANT | | CONTACT PERSON | | B | each branch circuit Fee for branch circuits | + | | | |
| Business name: SK HOFF CONSTRUC | TION | | | 1 | without service or feeder fee, first branch circuit | | 81.14 | | 2 |
| Contact name: SANDRO GUERRERO | | | | | ch add'i branch circuit | | 4.26 | | |
| | | | | | scellaneous (service or feed | er not in | cluded) | <u> </u> | · · · · |
| Address: 735 SW 158TH AVE | | | | | ch manufactured or modular elling, service, and/or feeder | | 91.72 | | 2 |
| City/State/ZIP: BEAVERTON, OR 97006 | 3 | | | Pu | mp or irrigation circle | | 91.72 | | 2 |
| Phone: (503) 319-6963 | Fax: (503) 64 | 11-7661 | | | n or outline lighting | | 91.72 | | 2 |
| E-mail: sguerrero@arborhomes.com | | | | | nal circuit(s) or limited-energy panel, alteration, or | | 04.70 | | 2 |
| CONTRA | CTOR | | | | extension. Describe: | | 91.72 | | ~ |
| Business name: Garner Electric | | | | | ch additional inspection er allowable in any of the | | | | |
| Address: 2920 SE BROOKWOOD AVI | E STE A | | | 1 - | ove | | | | |
| City/State/ZIP: HILLSBORO, OR 97123 | | | | | rinspection | | 81.14 | | |
| Phone: (503) 648-4552 | Fax: | | | _ | restigation fee ner: | + | | | |
| E-mail: melgarner@garperelectric.cor | CCB lic, no.; | 121159 | | | ectrical permit fees | | | | |
| | | | | | SUB | TOTAL | | 16 | 2.25 |
| Electrical lic. no.: 34-305C | City or metro lic.: | 4410 | | | Plan review (25% | 6 of per | mit fee) | , | |
| Supervising electricity signature, required: | | | | | State surcharge (12% | <u> </u> | | 1: | 9.47 |
| Print name: Chuck Garner | | Date: 01/29/19 | | | TOTAL | PERM | NIT FEE | \$18 | 1.72 |
| VVVX | | | | Th | is permit application expires | | | | hin |
| Authorized signature: I ' I | | 04/20/40 | - | | 180 days after it has be umber of inspections allowed per pe | en acce | | | |
| Print name: Melissa Stock | | Date: 01/29/19 | | | n B70-1002 | | 10/17 | | |



Renewable Electrical Energy Permit Application

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

BeavertonOregon.gov

| OFFICE USE ONLY | | | | |
|------------------------|------------------------|--|--|--|
| Date Received: 9-25-19 | Permit No.: B2019-4023 | | | |
| Date Issued: 9-36-17 | By: 111 | | | |
| | Payment Type: MC | | | |

| TYPE OF WORK | | | | |
|---|-----------------------------|---------------------|--------------------|--|
| □ New construction □ Addition/alteration/replacement □ Polar PV | | | | |
| | CATEGORY OF | CONSTRUCTION | | |
| ☐ 1- and 2-family dwelling ☐ Multi-family | ☐ Commercial/ii ☐ Other: | ndustrial 🔲 | Accessory building | |
| | IOB SITE INFORMAT | ION AND LOCATI | ON | |
| Job no.: | Job address: 115 | 90 SW BUTT | ELN | |
| City/State/ZIP: | | | | |
| Suite/bldg./apt. no.: | | Project name: | | |
| Cross street/directions to job | site: | | | |
| Subdivision: Vose | | Lot no.: T1S R | 1W S22 | |
| Tax map/parcel no.: 1S12 | 22CA13000 | | | |
| | DESCRIPTION | N OF WORK | | |
| Residential Roo | ftop Solar PV | 6.62 | kW | |
| ☐ PROPERTY | OWNER | | ☐ TENANT | |
| Name: | | | | |
| Address: | | | | |
| City/State/ZIP: | | | | |
| Phone: | Phone: Fax: | | | |
| E-mail: | | | | |
| Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. Owner signature: | | | | |
| CONTRACTOR | | | | |
| Business name: Blue F | Raven Solar, LL | C | | |
| Address: 1403 North R | esearch Way | | | |
| City/State/ZIP: Orem, U | JT 84097 | | | |
| Phone: 385-482-0045 | | Fax: | | |
| E-mail: permitting.departmer | nt@blueravensolar.com | CCB lic. no.: 210 | 112 | |
| Electrical lic. no.: c1214 | | City or metro lic.: | 5869S | |
| Supervising electrician signature, required: | Samuel Collier | | | |
| Print name: Samuel Co | ollier | | Date: 09/23/2019 | |
| Authorized signature: Je | ffrey Lee | | | |
| Print name: Date: 09/23/2019 | | | | |

| FEE SC | HEDULE | | |
|---|-----------------|--------------|------------|
| Number of inspections per item () Renewable energy installation per system total | No. of Items | Cost Each | Total |
| 5 kva or less (2) | | 81.14 | |
| 5.01 to 15 kva (2) | 1 | 115.83 | |
| 15.01 to 25 kva (2) | | 137.89 | |
| 25.01 kva and over (2) | | 229.34 | |
| Miscellaneous fees, hourly rate | | 80.00 | |
| Each additional inspection (1) (OAR 918-309-0070) | | 81.14 | |
| FEE T | OTALS | P | ecalculate |
| << Check box if plan review is require | | ototal | 0.00 |
| Plan review required for syste at 25% of Subtotal. No 12% s review fee. (2) | urcharge or | plan | |
| State surcharge (1 | 2% of perm | it fee) | 0.00 |
| TOTAL | . PERMIT | FEE 5 | 129.73 |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Form B70-1005

REV 10/17

ELECTRONIC SUBMITTAL

Authorized signature:

Print name:

Peter Kozarez

| R | ECEIVER | ¥ |
|---|---------|---|
| | | |

| | USE ONLY |
|------------------------|------------------------|
| Date Received: U4/2019 | Permit No.: B2019-2391 |
| Date Issued: 9-25-17 | By: M |
| OF BEAVERTON | Payment Type: Visc |
| | |

| | ` L!!} | DING DUGGE | | | | |
|---|--|--|----------------|---|--|-----------------|
| TYPE | OF WORK | PING DIVISION PLAN | REVIEW | V | | 1000 Her 1 |
| New construction | teration/replacement | ☐ Service or feeder 400amps | ☐ Buik | ding over t | er over 600 a hree storie | |
| CATEGORY O | F CONSTRUCTION | or more | | nas and b ting buildi | - | |
| ☐ 1- and 2-family dwelling ☐ Commercial | al/industrial | ☐ Emergency system ☐ Addition of new motor | ☐ Com build | mercial-u lings | se agricultu | |
| ☐ Multi-family ☐ Master bui | lder Other: | load of 100HP or more Six or more residential units | | llation of 15 rately deriv | i0 KVA or la ed system | ger |
| JOB SITE INFORM | ATION AND LOCATION | Health-care facilities | □ 'A, '' | E," "l-2," "l- | 3" occupano ehicle park | |
| Job address: 113 | 50 SW Canyon Rd, | | CHEDUL | 200000000000000000000000000000000000000 | епсіе ратк | s Laboration |
| City/State/ZIP: Beaverton OR 97005 | | Description | Qty. | Fee | Total | * |
| Sulte/bldg./apt. no.: | Project name: Beaverton Mixed Use | Residential single- or multi-fam Includes attached garage | _1 | ing unit | | |
| Cross street/directions to job site: SW Canyo | on and On Pamp to 217 | 1,000 sq. ft. or less | | 144.20 | | 4 |
| SVV Carry | in and On Namp to 217 | Ea. add'l 500 sq. ft. or portion | | 25,75 | | |
| | Т., | Limited energy, residential (with above sq. ft.) | | 34.40 | | 2 |
| Subdivision: | Lot no.: | Limited energy, multi-family | | 67.95 | | 2 |
| Tax map/parcel no.: | | residential (with above sq. ft.) Services or feeders installation, | alteration | on, and/o | r relocatio | n s |
| DESCRIPTI | ON OF WORK | 200 amps or less | 7 | 85,80 | | 2 |
| Install 1200A Service, 5 meters for 4 | future tenants and House panel. Shel | 201 amps to 400 amps | | 102,15 | | 2 |
| work only. Wire HVAC and Shell ligh | nting. Wire elevator and install panels | 401 amps to 600 amps | | 169.90 | | 2 |
| for future tenants. | The first transfer control of the paper the consequence of an angle of the control of the deposition of the first control of the control of t | 601 amps to 1,000 amps | | 222.20 | | 2 |
| ☐ PROPERTY OWNER | ☐ TENANT | Over 1,000 amps or volts Temporary services or feeders i | 1 1 | | 511.35 | |
| Name: | | relocation | iistanati | oii, aiteiz | tion, and | |
| Address; | | 200 amps or less | | 67.95 | | 2 |
| | | 201 amps to 400 amps | 1 | 94.40 | | 2 |
| City/State/ZIP: | | 401 amps to 600 amps | | 136.40 | | 2 |
| Phone: Owner installation: This installation is being made | Fax: | A. Fee for branch circuits with above service or feeder fee, | 18 | | 56.70 | |
| sale, tease, rent, or exchange. Owner signature: | Date: | B. Fee for branch circuits without service or feeder fee, | | 60.10 | | 2 |
| ■ APPLICANT | ☐ CONTACT PERSON | first branch circuit Each add't branch circuit | \vdash | 3.15 | | 2 |
| | U CONTACT FERENCE | Miscellaneous (service or feede | r not inc | | ville independ | |
| Business name: Edge Development Contact name: Dave Didier | | Each manufactured or modular dwelling, service, and/or feeder | | 67.95 | | 2 |
| Contact flame. Dave Didle! | | Utility reconnect | | 67.95 | | 1 |
| Address: | | Pump or imigation circle | | 67.95 | | 2 |
| City/State/ZIP: | | Sign or outline lighting Signal circuit(s) or limited-energy | | 67,95 | | 2 |
| Phone: 503-841-5923 | Fax: | panel, alteration, or extension. Describe: | | 67.95 | | |
| E-mail: | | Each additional inspection over | allowah | le in env | of the abo | 2 Ve |
| CONTRA | ACTOR | Per inspection | anowan | 60.10 | or trie abo | T . |
| Business name: Sunlight Electric Inc | | Investigation fee | | | | |
| Junight Liedhic nic | | Other: | | | | T |
| Address: 2804 NE 65th Ave Suite | D | ELECTRICAL | PERMIT | FEES | | |
| City/State/ZIP: Vancouver WA 98661 | - | | | Subtotal | 0.00 | 568.0 |
| Phone: 971-222-5758 | Fax: 360-326-9660 | Plan review (25% | of pern | nit fee) | ······································ | 142.0 |
| E-mail: sunlight.inc1@comcast.net | CCB lic. no.: 172549 | State surcharge (12% | of pern | nit fee) | 0.00 | 68.1 |
| Electrical lic. no.: C230 | City or metro lic.: 11608 | TOTAL | PERMI | IT FEE | 0.00 | 778.2 |
| Supervising electrician signature, required: | tt. 1793S | This permit application expires 180 days after it has bee | | | | ithin |
| Chester Garrett | Date: 06/03/19 | * Number of inspections allowed per per | | ,,,,,, as 60 | whiera | |

Date: 06/03/19



Electrical Permit Application
12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov

| OFFICE USE ONLY | | | | | | |
|------------------------|------------------------|--|--|--|--|--|
| Date Received: 9-25-19 | Permit No.: 82019-4027 | | | | | |
| Date Issued: 9-25-19 | ву: ДИ | | | | | |
| | Payment Type: V15A | | | | | |

| ☐ New construction | | F WORK ration/replacement |
|---|---------------------------------|--|
| | 🔼 Other: | |
| | | CONSTRUCTION |
| 1- and 2-family dwelling Multi-family | ☐ Commercial. ☐ Master build | er 🔲 Other: |
| | JOB SITE INFORMA | TION AND LOCATION |
| Job no.: | Job address: 58 | 70 SW 152 rd Aue |
| City/State/ZIP: Beq | verton | OR 9/00/ |
| Suite/bldg./apt. no.: | | Project name: |
| Cross street/directions to job | site: | |
| Subdivision: | | Lot no.: |
| Tax map/parcel no.: | | • |
| | | N OF WORK |
| Electric rec | connect | |
| PROPERTY | OWNER | ☐ TENANT |
| Name: Micha | el Roha | de <u> </u> |
| Address: 1828 | 7 SW | Florendo IN |
| City/State/ZIP: Beau | verton (| DR 97007 |
| Phone: 503-866 | -7311 | Fax: |
| E-mail: 0/0000 | okt@bo | tmail.com |
| Owner installation: This in: | | |
| | | on property that i own, which is not interluce to: |
| sale, lease, rent, or exchang | je. | on property that I own, which is not intended for |
| sale, lease, rent, or exchange Owner signature: | je. | Date: 9/25/19 |
| sale, lease, rent, or exchang | | - alzs/14 |
| sale, lease, rent, or exchange | | Date: 9/25/19 |
| sale, lease, rent, or exchange Owner signature: APPLIC | | Date: 9/25/19 |
| sale, lease, rent, or exchange Owner signature: APPLIC Business name: | | Date: 9/25/19 |
| sale, lease, rent, or exchange Owner signature: APPLIC Business name: Contact name: | | Date: 9/25/19 |
| sale, lease, rent, or exchange Owner signature: APPLIC Business name: Contact name: Address: | | Date: 9/25/19 |
| sale, lease, rent, or exchange Owner signature: APPLIC Business name: Contact name: Address: City/State/ZIP: | | Date: 9/25/19 |
| sale, lease, rent, or exchange Owner signature: APPLIC Business name: Contact name: Address: City/State/ZiP: Phone: | | Date: 9/25/19 CONTACT PERSON Fax: |
| sale, lease, rent, or exchance Owner signature: APPLIC Business name: Contact name: Address: City/State/ZIP: Phone: E-mail: | GANT | Date: 9/25/19 CONTACT PERSON Fax: |
| sale, lease, rent, or exchange Owner signature: APPLIC Business name: Contact name: Address: City/State/ZiP: Phone: E-mail: | GANT | Date: 9/25/19 CONTACT PERSON Fax: |
| sale, lease, rent, or exchange Owner signature: APPLIC Business name: Contact name: Address: City/State/ZiP: Phone: E-mail: Business name: | GANT | Date: 9/25/19 CONTACT PERSON Fax: |
| sale, lease, rent, or exchange Owner signature: APPLIC Business name: Contact name: Address: City/State/ZIP: Phone: E-mail: Business name: Address: | GANT | Date: 9/25/19 CONTACT PERSON Fax: |
| sale, lease, rent, or exchange Owner signature: APPLIC Business name: Contact name: Address: City/State/ZIP: Phone: E-mail: Business name: Address: City/State/ZIP: | GANT | Date: 9/2 S/14 CONTACT PERSON Fax: |
| sale, lease, rent, or exchange Owner signature: APPLIC Business name: Contact name: Address: City/State/ZIP: Phone: E-mail: Business name: Address: City/State/ZIP: Phone: | GANT | Date: C/2 S/19 □ CONTACT PERSON Fax: Fax: |
| sale, lease, rent, or exchance Owner signature: APPLIC Business name: Contact name: Address: City/State/ZIP: Phone: E-mail: Business name: Address: City/State/ZIP: Phone: E-mail: | GANT | Fax: CCB lic. no.: |
| sale, lease, rent, or exchance Owner signature: APPLIC Business name: Contact name: Address: City/State/ZIP: Phone: E-mail: Business name: Address: City/State/ZIP: Phone: E-mail: Electrical lic. no.: Supervising electrician | GANT | Fax: CCB lic. no.: |
| sale, lease, rent, or exchange Owner signature: APPLIC Business name: Contact name: Address: City/State/ZiP: Phone: E-mail: Business name: Address: City/State/ZIP: Phone: E-mail: Electrical lic. no.: Supervising electrician signature, required: | GANT | Fax: CCB lic, no.: City or metro lic.: |

| Payme | ent Type: | Visa | | | |
|---|-----------------------------|------------------------|-------------------------------|--------------|--|
| PLAN | REVIEW | Loren Company | | | |
| Please check all that apply: Service or feeder 400amps | ☐ Serv | ice or feede | r over 600 amp ree stories | S | |
| or more | | nas and bo | | | |
| ☐ Fire pump | | ting buildin | | - | |
| ☐ Emergency system | Commercial-use agricultural | | | | |
| Addition of new motor load of 100HP or more | \$ | lings Hation of 150 |) KVA or large | . | |
| Six or more residential units | | rately derive | | ' | |
| ☐ Health-care facilities | 🗆 "A,"" | E,""ĺ-2,""l-3 | occupancy | | |
| ☐ Hazardous locations | **** | | ehicle parks | | |
| FEE S | CHEDUL | E | TAN 13 R. F. | | |
| Description | Qty. | Fee | Total | . If a. r | |
| Residential single- or multi-fan Includes attached garage | illy dwel | N. Barrier | | | |
| 1,000 sq. ft. or less | | 194.64 | | 4 | |
| Ea. add'l 500 sq. ft. or portion | | 34.77 | | | |
| Limited energy, residential | | 46.42 | | 2 | |
| (with above sq. ft.) Limited energy, multi-family | - | | | | |
| residential (with above sq. ft.) | | 91.72 | | 2 | |
| Services or feeders installation | ı, alteratl | on, and/o | relocation | | |
| 200 amps or less | | 115.83 | | 2 | |
| 201 amps to 400 amps | | 137.89 | | 2 | |
| 401 amps to 600 amps | | 229.34 | | 2 | |
| 601 amps to 1,000 amps | | 299.93 | | 2 | |
| Over 1,000 amps or volts | | 690.22 | | 2 | |
| | | 91.72 | | 1 | |
| Utility reconnect Temporary services or feeders relocation | installa | | tion, and/or | | |
| 200 amps or less | | 91.72 | | 2 | |
| 201 amps to 400 amps | 1 7 | 127.41 | | 2 | |
| 401 amps to 600 amps | 1 | 184.11 | | 2 | |
| | | 225.29 | | 2 | |
| 601 amps to 1,000 amps Branch circuits – new, alteration |) 30 05 0V | | er nanel | | |
| A. Fee for branch circuits with | 11, 01 62 | religion b | o, parior | | |
| above service or feeder fee, | | 4.26 | | 2 | |
| B. Fee for branch circuits without service or feeder fee, | | 81.14 | | 2 | |
| first branch circuit | | | | | |
| Each add'l branch circuit | | 4.26 | | L | |
| Miscellaneous (service or feed | ier not in | cluded) | | Milita. | |
| Each manufactured or modular | | 91.72 | | 2 | |
| dwelling, service, and/or feeder | | 91.72 | | 2 | |
| Pump or irrigation circle | | 91.72 | | 2 | |
| Sign or outline lighting Signal circuit(s) or limited-energy | , | 91.12 | | - | |
| panel, alteration, or extension. Describe: | ' | 91.72 | | 2 | |
| Each additional inspection over allowable in any of the above | 1 | | | | |
| Per inspection . | | 81.14 | | | |
| Investigation fee | | | | <u> </u> | |
| Other: | | | | | |
| Electrical permit fees | | | | | |
| SU | BTOTAL | | L | 0.00 | |
| Plan review (25 | % of pe | rmit fee) | | | |
| State surcharge (12 | % of pe | rmit fee) | | 0.00 | |
| TOTA | TOTAL PERMIT FEE | | | 0.00 | |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Number of inspections allowed per permit.
Form B70-1002

REV 10/17



Electrical Permit Application 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov

| OFFICE | USE ONLY |
|-------------------------|------------------------|
| Date Received: | Permit No.: 62019-3918 |
| Date Issued: (10 30 5 / | By |
| | Payment Type: |

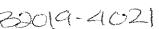
| TYPE OF WORK | | | | | | |
|---|--|--|--|--|--|--|
| ☐ Addition/alteration/replacement | | | | | | |
| Other: CATEGORY OF CONSTRUCTION | | | | | | |
| ☐ 1- and 2-family dwelling 💢 Commercial/industrial ☐ Accessory building | | | | | | |
| ☐ Multi-family ☐ Master builder ☐ Other: | | | | | | |
| | ATION AND LOCATION | | | | | |
| | 5 SW Scholls Ferry Rd | | | | | |
| City/State/ZIP: Beaverton, OR | 97007 | | | | | |
| Suite/bidg./apt, no.: | Project name: | | | | | |
| Cross street/directions to job site: SW Strobe | I Rd Sw Silvertip St | | | | | |
| Subdivision. The Ride' @ South Cooper 1 | tin Lot no.: | | | | | |
| Tax map/parcel no.: | | | | | | |
| | ON OF WORK | | | | | |
| Install (59) Street Eights, Condi | | | | | | |
| Install (1) 2000aup or less service. | · · · · · · · · · · · · · · · · · · · | | | | | |
| Name: | ☐ TENANT | | | | | |
| Address: | | | | | | |
| City/State/ZIP: | | | | | | |
| Phone: | Fax: | | | | | |
| E-mail: | rax. | | | | | |
| Owner Installation: This installation is being made sale, lease, rent, or exchange. Owner signature: | on property that I own, which is not intended forDate: | | | | | |
| Ø APPLICANT | ☐ CONTACT PERSON | | | | | |
| Business name: Lightworks Electric Contact name: Ashly Guile Address: 20915 Sw 105 A | Company | | | | | |
| Contact name: Ashley Guile | | | | | | |
| Address: 20915 SW 105 - A | ie Suite A | | | | | |
| City/Stale/ZIP: Tualatin, OR 9 | 70102 | | | | | |
| | Fax: 503-69/-2918 | | | | | |
| Complex and t | | | | | | |
| CONTRACTOR | | | | | | |
| Business name: Lightworks Electric Company Address: 20016 S. 1 100th A. S. 14 A. | | | | | | |
| 20715 SW 10515 Ave OUTE A | | | | | | |
| Phone: 503-691-2959 Fax: 503-691-2918 | | | | | | |
| E-mail/25hlau@itable Variable | CCB tic, no.: 158 595 | | | | | |
| Electrical IIc, no.: 34-1-73 C | City or metro llo.: | | | | | |
| Supervising electrician Royald 7 Posignature, required: Royald 7 Posignature, required: | e | | | | | |
| Print name: Ronald h Poe | 5.1 | | | | | |
| 100 | | | | | | |
| Authorized signature: | į Dale: | | | | | |

| | Payn | nent T | ype: | | | |
|---|---|-----------------------------|-------------------------|------------------------|----------|--|
| 1 | PLAN | REV | /IEW | | | |
| Please c | heck all that apply: | | | der over 600 a | mps | |
| | rice or feeder 400amps | Building over three stories | | | | |
| orm | | 1 | Varinas and | | | |
| | pump ingency system | | loating build | lings use aaricultu | | |
| | tion of new motor | | oninercial pulidings | use agriculu | i ai | |
| | of 100HP or more | | | 150 KVA or lar | ger | |
| I I == | r more residential units | | eparately der | ived system | • | |
| 1 1 = | th-care facilities | | | I-3" occupano | | |
| ☐ Haza | ardous locations FEE S | | | vehicle park | 5 | |
| | Description | CHEL | | Total | T • | |
| | tial single- or multi-fan | | · | . I | | |
| l — — — — — — — — — — — — — — — — — — — | attached garage ft. or less | η- | 194.64 | 1 | 14 | |
| 1 | | + | | | +- | |
| | 500 sq. ft. or portion | - | 34.77 | | + | |
| | d energy, residential bove sq. ft.) | - | 46,42 | | 2 | |
| Limited | i energy, multi-family | 丅 | 91,72 | | 2 | |
| | ntial (with above sq. ft.) or feeders Installation | عالم | | | L | |
| | | , ez (#) | | | 1 | |
| 200 amps | | + | 115.83 | | 2 | |
| <u> </u> | to 400 amps | 4_ | 137.89 | | 2 | |
| 401 amps | to 600 amps | | 229.34 | | 2 | |
| 601 amps | to 1,000 amps | <u> </u> | 299.93 | | 2 | |
| Over 1,00 | 0 amps or volts | 1 | 690.22 | | 2 | |
| Utility reco | onnect | | 91.72 | | 1 | |
| Tempora relocation | ry services or feeders | instal | lation, aiter | ation, and/o | r | |
| 200 amps | | T | 91.72 | 1 | 2 | |
| <u> </u> | to 400 amps | - | 127.41 | | 2 | |
| | to 600 amps | + | 184.11 | | 2 | |
| | | +- | 225.29 | | 2 | |
| | to 1,000 amps | | | | 1 | |
| 1 | rcults new, alteration branch circuits with | 1, 01 4 | xterision, p | er panei | т— | |
| | service or feeder fee. | 8 | 4.26 | ļ | 2 | |
| each br | anch circuit | 0 | | | <u> </u> | |
| | branch circuits | 1 | 04.44 | | | |
| | t service or feeder fee, nch circuit | | 81.14 | | 2 | |
| | branch circuit | 1 | 4.26 | | | |
| | nous (service or feede | r not i | | | <u> </u> | |
| | ufactured or modular | 1 | 7 | | _ | |
| dwelling, s | ervice, and/or feeder | <u> </u> | 91,72 | | 2 | |
| Pump or In | rigation circle | <u> </u> | 91.72 | | 2 | |
| Sign or out | lline lighting | | 91.72 | | 2 | |
| Signal circ | ult(s) or limited-energy | | | | | |
| | ilteration, or on, Describe: | j | 91.72 | | 2 | |
| evierial | nt, Dosonbe. | | | | | |
| Each addi | tional inspection | | | | | |
| | able in any of the | | | | | |
| above | | | | | | |
| Per inspec | ion | | 81.14 | | | |
| Investigation | n fee | | | | | |
| Other: | | | | | | |
| Electrical p | ermit fees | | | | | |
| | SUBT | OTAL | | (| 0.00 | |
| | Plan review (25% | of pe | rmit fee) | | | |
| s | tate surcharge (12% | of pe | rmit fee) | (| 0.00 | |
| | ፓ ስፒለ፤ | ppp | MIT FEE | ¢, | , ,,, | |
| | IOIAL | 1 LiPL | | φL | 0.00 | |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete
* Number of inspections allowed per permit.
Form 870-1002 REV 10/17

12725 SW Milikan Way Beaverton, OR 97076 Beaverton Phone: 503-526-2542

R E G O N Email: cunderwood@beavertonoregon.gov



Residential Electrical Authorization To Begin Work 05350-BEL-19-00840

Approval Code: 06966G 9/25/2019 7:30 am

E-mailed To: crystalr@westsideelectric.com

89019-4021

| TYPE OF WORK |
|--|
| □ New Construction |
| CATEGORY OF CONSTRUCTION |
| X 1 or 2 family dwelling Multi-family Commercial Accessory |
| JOB SITE INFORMATION AND LOCATION |
| Job Address: 15330 SW SPRINGDALE CT |
| City/State/ZIP: 8EAVERTON, OR 97007 |
| Suite/bldg./apt.no.: |
| Project Name: GREG COURT |
| Cross Street/directions to job site: |
| Tax map/parcel no.: 1S117DC00500 |
| DESCRIPTION OF WORK |
| PANEL CHANGE & EV OUTLET, HOT TUB WIRING LIGHTING & PLUGS AND GARAGE OUTLETS. |
| APPLICANT |
| Name: CRYSTAL KREGER |
| Phone: 5032311548 Fax: |
| Email: |
| CONTRACTOR |
| Elec IIc. no.: 26-135C CCB IIc. no.: 13306 |
| Business Name: WEST SIDE ELECTRIC COMPANY INC |
| Contact: |
| Address: 1834 SE 8TH AVE |
| City/State/ZIP: PORTLAND, OR 972143532 |
| Phone: 5032311548 Fax: 5037360677 |
| Email: DICKK@WESTSIDEELECTRIC.COM |
| Metro lic. no.: City lic. no.: |
| Supervising Electrician's lic. no.: |
| Supervising Electrician's Name: |
| Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 All Other Services: 2 |

| Upon | review | and | approval | by | your | local | jurisdiction, | your | permit | will | be | e-mailed | or | faxe |
|--------|---------|-------|-------------|-------|---------|-------|---------------|--------|----------|------|----|----------|----|------|
| within | one bus | iness | day, with i | nstru | uctions | on ho | w to schedule | your l | nspectio | n. | | | | |

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

| | | PLAN REVIEW | | | | | |
|---|---|---|---|--|--|--|--|
| Please check all that apply: | | Hazaro | lous location | าธ | | | |
| A service or feeder beginning at 400 Amps where the | A service or feeder rated at 600 amps or more | | | | | | |
| available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | | Buildin | gs more tha | n three stor | | | |
| | | Marina | s and boat y | ards | | | |
| 14,000 Amps for all other | | | g buildings | | | | |
| Fire pumps | | Comm building | ercial-use aç gs | gricultural | | | |
| Emergency systems | | | ition of a 150 | | | | |
| Addition of a new motor load of 100 HP or more | П | • | seperately d ", or "I-2" or | , | | | |
| Six or more residential units in one structure | | Recreational Vehicle Parks | | | | | |
| Health care facilities | | Supply voltage for more than 600 supply volts nominal | | | | | |
| FEESC | HEC | ULE | | | | | |
| Description | | Qty. | Ea. | Total | | | |
| Services or feeders | | | | | | | |
| Services 200 amps or less | | 1 | \$115.83 | \$115.83 | | | |
| Branch circuits | | | A Carlotte of the Carlotte of | The second secon | | | |
| Branch circuits with service or feeder each circuit | | 5 | \$4.26 | \$21.30 | | | |
| Electrical Permit Fees | | | | | | | |
| Subtotal | | | | \$137.13 | | | |
| State surcharge (12% of permit total) | | | | \$16.46 | | | |
| TOTAL PERMIT FEE | | | | \$153.59 | | | |

12725 SW Milikan Way

Beaverton, OR 97076

Phone: 503-526-2542

Email: cunderwood@beavertonoregon.go

Commercial Electrical Authorization To Begin Work 05350-BEL-19-00835

Approval Code: 07164G 9/24/2019 7:19 am

E-mailed To: shawn@procomnw.com

| TY | PE OF WO |)RK | | |
|---|----------------|-----------------|--------|---|
| New Construction | | X Addition/alte | ration | /replacement |
| CATEGOR | OF CON | STRUCTION | | |
| 1 or 2 family dwelling Multi- | family X | Commercial | | Accessory |
| JOB SITE INFO | RMATION | AND LOCAT | ION | |
| Job Address: 9640 SW SUNSHINE CT | | | | |
| City/State/ZIP: BEAVERTON, OR 9700 | 5 | | | |
| Suite/bldg./apt.no.: 400 | | | | |
| Project Name: Home Instead | | | | |
| Cross Street/directions to job site: | | | | |
| Tax map/parcel no.: 1S123BA0110 | 1 | | | |
| DESCR | IPTION O | FWORK | | |
| Data | | | | |
| | | | | |
| | APPLICAN | IT . | | Photographic Science Control of the |
| Name: Shawn Giles | AN) (0.00 x 1) | | 711770 | |
| Phone: 5037970000 | Fax | 5032338052 | | |
| Email: | | | | |
| G | ONTRACT | OR. | | |
| Elec lic. no.: CLE282 | CCB lie | . no.: 194272 | | |
| Business Name: PROCOM TECHNOLO | OGIES LLC | | | |
| Contact: | | | | |
| Address: PO BOX 22288 | | | | |
| City/State/ZIP: PORTLAND, OR 97269 | | | | |
| Phone: 5037970000 | Fax | 5032338052 | | |
| Email: brian@procomnw.com | | | | |
| Metro lic. no.: | City | / lic. no.: | | |
| Supervising Electrician's lic. no.: | | | | |
| Supervising Electrician's Name: | | | | |
| Number of inspections included in pai Residential Service: 4 Reconnect Only: 1 All Other Services: 2 | d services: | | | |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

| PLAN REVIEW | | | | | | | |
|---|---|--|--|--|--|--|--|
| Please check all that apply: | | Hazard | lous location | ns | | | |
| A service or feeder beginning at 400 Amps where the | A service or feeder rated at 600 amps or more | | | | | | |
| available fault current exceeds 10,000 Amps at 150 Volts or | . 🗀 | Buildin | gs more tha | in three stor | | | |
| less to ground exceeds | | Marina | s and boat | yards | | | |
| 14,000 Amps for all other | | Floatin | g buildings | | | | |
| Fire pumps | | Comm buildin | ercial-use a gs | gricultural | | | |
| Emergency systems | | , | ation of a 15 | | | | |
| Addition of a new motor load of 100 HP or more | [| | larger seperately derived sys "A", "E", or "I-2" or "I-3" | | | | |
| Six or more residential units in one structure | | | Recreational Vehicle Parks | | | | |
| Health care facilities | L | Supply voltage for more than 600 supply volts nominal | | | | | |
| FEE SC | HE | DULE | | | | | |
| Description | | Qty. | Ea. | Total | | | |
| Miscellaneous | | (8 G) (5 | And the second s | A series of the | | | |
| Signal circuit(s) or limited-energy panel, alteration, or extension | | 1 | \$91.72 | \$91.72 | | | |
| Electrical Permit Fees | | | The second secon | The state of the s | | | |
| Subtotal | | | | \$91.72 | | | |
| State surcharge (12% of permit total) | | **** | | \$11.01 | | | |
| TOTAL PERMIT FEE | | | | \$102.73 | | | |
| | | | | | | | |

12725 SW Millikan Way

Beaverton, OR 97076

Beaverton Phone: 503-526-2542

Remail: cunderwood@beavertonoregon.gov

B2001-40

Residential Electrical Authorization To Begin Work 05350-BEL-19-00834

Approval Code: 632202 9/23/2019 6:13 pm

PLAN REVIEW

E-mailed To: Andrew@squireselectric.com

| | TYPE OF | WORK | |
|---|---------------|---------------------|---|
| New Construction | | X Addition/alte | eration/replacement |
| CA | TEGORY OF C | ONSTRUCTION | |
| 1 or 2 family dwelling | Multi-family | Commercial | Accessory |
| JOB SI | TE INFORMAT | ION AND LOCA | TION |
| Job Address: 7960 SW BAR | NARD DR | | |
| City/State/ZIP: BEAVERTON | OR 97007 | | |
| Suite/bldg./apt.no.: | | | |
| Project Name: 7960 SW Barr | ard Dr | | |
| Cross Street/directions to join | o site: | | |
| Tax map/parcel no.: 1S1: | 20CD00700 | | |
| | DESCRIPTIO | N OF WORK | |
| kitchen remodel. | | | |
| | | | |
| | APPLI | CANT | |
| Name: Andrew Cohen | | | |
| Phone: 5032521609 | | Fax: 5032535831 | |
| Email: | | | |
| | CONTR | ACTOR | |
| Elec lic. no.: 26-1101C | CO | CB lic. no.: 135085 | |
| Business Name: SQUIRES E | LECTRIC INC | | |
| Contact: | | | |
| Address: 2203 NE MARTIN L | UTHER KING JR | BLVD | |
| City/State/ZIP: PORTLAND, | OR 97212 | | |
| Phone: 5032521609 | | Fax: 5032535831 | |
| Email: office@squireselectric | .com | | |
| Metro lic. no.: | | City lic. no.: | · · · · · · · · · · · · · · · · · · · |
| Supervising Electrician's lic. | no.: | | |
| Supervising Electrician's Na | me: | | |
| Number of inspections inclu Residential Service: 4 Reconnect Only: 1 All Other Services: 2 | ļ | es: | 100 400 100 100 100 100 100 100 100 100 |

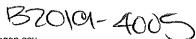
| Upon review and | | | | | be | e-malled | or | faxed |
|---------------------|----|---|------|--|----|----------|----|-------|
| All Other Services | š: | 2 | | | | | | |
| Reconnect Only: | | 1 | | | | | | |
| Residential Service | e: | 4 | | | | | | |

within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

| Please check all that apply: | | Hazaro | lous locatio | ns | | | | | |
|--|------|--------------------------------|-----------------------------|--|--|--|--|--|--|
| A service or feeder beginning at 400 Amps where the | | | ce or feede nps or more | | | | | | |
| available fault current exceeds 10,000 Amps at 150 Volts or | | Buildings more than three stor | | | | | | | |
| less to ground exceeds | | Marina | s and boat | yards | | | | | |
| 14,000 Amps for all other | | Floatin | g buildings | | | | | | |
| Fire pumps | | Comm buildin | ercial-use a gs | gricultural | | | | | |
| Emergency systems | | Installa | ition of a 15 | 0 KVA or | | | | | |
| Addition of a new motor load of 100 HP or more | _ | | seperately o | · | | | | | |
| Six or more residential units in | L | "A", "E", or "I-2" or "I-3" | | | | | | | |
| one structure | | | ational Vehi | | | | | | |
| Health care facilities | L | 3 . 7 | voltage for pply volts n | | | | | | |
| FEES | HE | DULE | | | | | | | |
| Description | | Qty. | Ea. | Total | | | | | |
| Branch circuits | 5000 | | | | | | | | |
| Branch circuits without service or feeder | | 1 | \$81.14 | \$81.14 | | | | | |
| Branch circuits each additional circuit without service | | 3 | \$4.26 | \$12.78 | | | | | |
| Electrical Permit Fees | | | | And the second s | | | | | |
| Subtotal | | | | \$93.92 | | | | | |
| Suntotal | | | | | | | | | |
| State surcharge (12% of permit total) | | | | \$11.27 | | | | | |

12725 SW Milikan Way Beaverton, OR 97076



Residential Electrical Authorization To Begin Work 05350-BEL-19-00836

Approval Code: 536710 9/24/2019 7:47 am

E-mailed To: jensedwardselectric@gmail.com

\$81.14

\$17.04

\$98.18 \$11.78

\$109.96

Beaverton Phone: 503-526-2542 Phone: 503-526-2542 Email: cunderwood@beavertonoregon.gov

| | | e | | | | | |
|--------------------------------------|----------------------------------|---|--|---|-------------------|-----------------------------|---------------|
| | TYPE OF WORK | | PLAN | | | | |
| New Construction | Addition/alteration/replacement | P | lease check all that apply: | | • | lous locatio | |
| CATEGO | RY OF CONSTRUCTION | | A service or feeder beginning at 400 Amps where the | Ц | | ce or feede nps or more | |
| 🔲 1 or 2 family dwelling 🔲 Mu | ulti-family Commercial Accessory | | available fault current exceeds 10,000 Amps at 150 Volts or | | Buildin | gs more tha | in three stor |
| JOB SITE INF | ORMATION AND LOCATION | | less to ground exceeds | | Marina | s and boat | yards |
| Job Address: 15485 SW CYNTHIA L | _N |] [| 14,000 Amps for all other | | Floatin | g buildings | |
| City/State/ZIP: BEAVERTON, OR 97 | | | Fire pumps | | Commo building | ercial-use a gs | gricultural |
| Suite/bldg./apt.no.: | | 7 [[| Emergency systems | | Installa | ition of a 15 | 0 KVA or |
| Suiteipidg./apt.no | | ┨ | Addition of a new motor load | | • | seperately o | |
| Project Name: | | -┨╏ | of 100 HP or more Six or more residential units in | | _ | ", or "I-2" or | |
| Cross Street/directions to job site: | | ┨╏ | one structure | | • | ational Vehi | |
| | | _ [| Health care facilities | | | voltage for pply volts n | |
| Tax map/parcel no.: 1S120DB08 | 200 | | | | | pply toler. | |
| DESC | CRIPTION OF WORK | | FEE SI | | H SEED COORD WHO | Principles Polacia Para | |
| Bath/living room remodel | | | Description | | Qty. | Ea. | Total |
| | | | ranch circuits | | 1 | \$81.14 | \$81 |
| | | 1 1 7 | Branch circuits without service or eeder | | t | φ01.14r | ψ01 |
| | APPLICANT | | Branch circuits each additional | | 4 | \$4.26 | \$17 |
| Name: Jens Edwards | | E | lectrical Permit Fees | | | | |
| Phone: 503-740-7651 | Fax: 503-232-0545 | | Subtotal | | | | \$98 |
| Email: | | 1 1 | State surcharge (12% of permit otal) | | | | \$11 |
| | CONTRACTOR | 55.0 55.0 55.0 | TOTAL PERMIT FEE | | | | \$109 |
| Elec lic. no.: C675 | CCB lic. no.: 192045 | | | | | | |
| Business Name: JENS EDWARDS E | ELECTRIC LLC | _ | | | | | |
| Contact: | | | | | | | |
| Address: PO Box 18159 | | _ | | | | | |
| City/State/ZIP: PORTLAND, OR 972 | 218 | _ | | | | | |
| Phone: 5037407651 | Fax: 5032320545 | 4 | | | | | |
| Email: jensedwardselectric@gmail.co | om | _ | | | | | |
| Metro lic. no.: | City lic. no.: | | | | | | |
| Supervising Electrician's lic. no.: | | | | | | | |

Upon review and approval by your local jurisdiction, your permit will be e-malled or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Supervising Electrician's Name:

Residential Service: Reconnect Only: All Other Services:

Number of Inspections included in paid services:

12725 SW Milikan Way Beaverton, OR 97076 Beaverton Phone: 503-526-2542

Residential Electrical Authorization To Begin Work 05350-BEL-19-00837

E-mailed To: haley@sunbridgesolar.com

B200-400 Approval Code: 05944G 9/24/2019 9:15 am

ุ Email: cunderwood@beavertonoregon.gov TYPE OF WORK X Addition/alteration/replacement New Construction CATEGORY OF CONSTRUCTION Multi-family Commercial Accessory 1 or 2 family dwelling JOB SITE INFORMATION AND LOCATION Job Address: 16605 SW OREGON JADE CT City/State/ZIP: BEAVERTON, OR 97007 Suite/bidg./apt.no.: Project Name: Ambati Solar System Cross Street/directions to job site: 1S130DA03600 Tax map/parcel no.: DESCRIPTION OF WORK 9.28kW rooftop solar pv system. (29) panasonic modules and (29) enphase microinverters. IronRidge racking system. APPLICANT Name: Haley Poik Fax: Phone: 9713254164 Email: CONTRACTOR CCB lic. no.: 189787 Electic. no.: C1123 Business Name: SUNBRIDGE SOLAR LLC Contact: Address: 706 W 17TH ST City/State/ZIP: VANCOUVER, WA 98660 Phone: 5034076820 Fax: Email: jordan@sunbridgesolar.com Metro lic. no.: City lic. no.: Supervising Electrician's lic. no.: Supervising Electrician's Name: Number of inspections included in paid services:

| Jpon | review | and | approval | by | your | local | jurisdiction, | your | permit | will | be | e-mailed | ог | faxe |
|--------|---------|-------|-------------|------|---------|-------|---------------|--------|----------|------|----|----------|----|------|
| vithin | one bus | iness | day, with i | nstr | uctions | on ho | w to schedule | your i | nspectio | n. | | | | |

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

1

Residential Service: Reconnect Only:

All Other Services:

| PLAN REVIEW | | | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|--|--|
| Please check all that apply: | Hazardous locations | | | | | | | | | | |
| A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or | A service or feeder rated at 600 amps or more Buildings more than three stor | | | | | | | | | | |
| less to ground exceeds 14,000 Amps for all other | Float | nas and boat ya ing buildings | | | | | | | | | |
| Fire pumps | Com build | mercial-use ag ings | ricultural | | | | | | | | |
| Emergency systems Addition of a new motor load of 100 HP or more Six or more residential units in one structure Health care facilities | ☐ Installation of a 150 KVA or larger seperately derived sys ☐ "A", "E", or "I-2" or "I-3" ☐ Recreational Vehicle Parks ☐ Supply voltage for more than 600 supply volts nominal | | | | | | | | | | |
| FEE SC | HEDULE | | The second secon | | | | | | | | |
| Description | Qty. | Ea. | Total | | | | | | | | |
| Renewable Energy | | The Control of Control | And the state of t | | | | | | | | |
| 5.01 to 15 kva - pv | 1 | \$115.83 | \$115.83 | | | | | | | | |
| Electrical Permit Fees | | | | | | | | | | | |
| Subtotal | | | \$115.83 | | | | | | | | |
| State surcharge (12% of permit total) | | | \$13.90 | | | | | | | | |
| TOTAL PERMIT FEE | | | \$129.73 | | | | | | | | |

12725 SW Milikan Way
Beaverton, OR 97076

Beaverton Phone: 503-526-2542

N Email: cunderwood@beavertonoregon.gov



Residential Electrical Authorization To Begin Work 05350-BEL-19-00838

Approval Code: 45367P 9/24/2019 11:00 am

E-mailed To: lisap@roth-heat.com

| | TYPE OF WORK |
|---|-------------------------------------|
| New Construction | X Addition/alteration/replacement |
| | GORY OF CONSTRUCTION |
| 1 or 2 family dwelling | Multi-family Commercial Accessory |
| | INFORMATION AND LOCATION |
| Job Address: 14485 SW ARABIA | AN DR |
| City/State/ZIP: BEAVERTON, OR | 3 97008 |
| Sulte/bldg./apt.no.: | |
| Project Name: IVEY/161729 | |
| Cross Street/directions to Job sit | te: |
| | |
| Tax map/parcel no.: 1S128C | |
| | ESCRIPTION OF WORK |
| RECONNECT GAS FURNACE AI GFCI | ND AIR CONDITIONER. INSTALL OUTDOOR |
| | |
| | APPLICANT |
| Name: MATT IVEY | |
| Phone: 9717773968 | Fax: |
| Email: | |
| | CONTRACTOR |
| Elec lic. no.: C535 | CCB lic. no.: 14008 |
| Business Name: ROTH ZACHRY | HEATING INC |
| Contact: | |
| Address: PO BOX 1265 | |
| City/State/ZIP: CANBY, OR 970 | 13 |
| Phone: 5032661249 | Fax: 5032663478 |
| Email: korym@roth-heat.com | |
| Metro lic. no.: | City lic. no.: |
| Supervising Electrician's lic. no. | .: |
| Supervising Electrician's Name: | |
| Number of inspections included Residential Service: 4 | l in paid services: |

| Upon | review | and | approval | by | your | local | jurisdiction, | your | permit | will | þe | e-malled | or | faxe |
|--------|---------|-------|-------------|-------|---------|-------|---------------|--------|----------|------|----|----------|----|------|
| within | one bus | iness | day, with i | nstru | uctions | on ho | w to schedule | your i | nspectio | n. | | | | |

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Reconnect Only: All Other Services:

| PLAN | REVIE | W | | | | | | |
|--|---|-----------------------------|-------------------------------|--|--|--|--|--|
| Please check all that apply: | □ н | azard | lous location | าร | | | | |
| A service or feeder beginning at 400 Amps where the | Lane Control | | ce or feeder nps or more | rated at | | | | |
| available fault current exceeds 10,000 Amps at 150 Volts or | _ | | gs more tha | | | | | |
| less to ground exceeds 14,000 Amps for all other | | | s and boat y g buildings | yarus | | | | |
| Fire pumps | 2 | omm uildin | ercial-use a gs | gricultural | | | | |
| Emergency systems Addition of a new motor load | - Demis | | ition of a 15 seperately d | | | | | |
| of 100 HP or more | | "A", "E", or "I-2" or "I-3" | | | | | | |
| Six or more residential units in one structure | Recreational Vehicle Parks | | | | | | | |
| Health care facilities | Supply voltage for more than 600 supply volts nominal | | | | | | | |
| FEE SC | HEDU | LE | | A Committee of the Comm | | | | |
| Description | Q | ty. | Ea. | Total | | | | |
| Branch circuits | 3 34 | | | | | | | |
| Branch circuits without service or feeder | | 1 | \$81.14 | \$81.14 | | | | |
| Branch circuits each additional circuit without service | | 2 | \$4.26 | \$8.52 | | | | |
| Electrical Permit Fees | | | | A CONTROL OF THE CONTROL OF T | | | | |
| Subtotal | | | | \$89.66 | | | | |
| State surcharge (12% of permit total) | | | | \$10.76 | | | | |
| TOTAL PERMIT FEE | | | | \$100.42 | | | | |

12725 SW Milikan Way Beaverton, OR 97076 Phone: 503-526-2542

Beaverton, OK 97076

Phone: 503-526-2542

R E G N Email: cunderwood@beavertonoregon.gov

BZ0 9-4012

Commercial Electrical Authorization To Begin Work 05350-BEL-19-00839

Approval Code: 90641J 9/24/2019 1:21 pm

E-mailed To: joet@garrettsign.com

| TYPE OF WORK | ATTENDED TO STATE OF THE PARTY |
|--|---|
| New Construction X Addition/alteration/replacement | January. |
| CATEGORY OF CONSTRUCTION | |
| 1 or 2 family dwelling Multi-family Commercial Accessory | mere |
| JOB SITE INFORMATION AND LOCATION | |
| Job Address: 12305 SW HORIZON BLVD | |
| City/State/ZIP: BEAVERTON, OR 97007 | |
| Suite/bldg./apt.no.: 15 | |
| Project Name: Stretch Lab | |
| Cross Street/directions to job site: | |
| Fax map/parcel no.: 2S105AA02301 | matery |
| DESCRIPTION OF WORK | |
| 1) illuminated wall sign. | |
| | |
| APPLICANT | |
| Name: Joe Taylor | |
| Phone: 3606939081 Fax: 3606935948 | |
| Email: | a de la companya de |
| CONTRACTOR | |
| Elec lic. no.: 37-21CLS | |
| Business Name: GARRETT SIGN CO INC | |
| Contact: | |
| Address: 811 HARNEY ST | |
| City/State/ZIP: VANCOUVER, WA 98660 | |
| Phone: 3606939081 Fax: 3606935948 | |
| Email: GA@GARRETTSIGN.COM | |
| Metro lic. no.: City lic. no.: | |
| Supervising Electrician's lic. no.: | |
| Supervising Electrician's Name: | |
| | |
| Number of inspections included in paid services: | |
| Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 All Other Services: 2 | |

| Upon | review | and | approval | by | уоиг | local | jurisdiction, | your | permit | will | be | e-malled | or | faxed |
|--------|---------|-------|-------------|------|---------|-------|---------------|------|----------|------|----|----------|----|-------|
| within | one bus | iness | day, with I | nstr | uctions | on ho | w to schedule | your | nspectic | n. | | | | |

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

| PLAN REVIEW | | | | | | | | | | |
|--|---|----------------------------------|--|--|--|--|--|--|--|--|
| Please check all that apply: | Haz | Hazardous locations | | | | | | | | |
| A service or feeder beginning at 400 Amps where the | | ervice or feede amps or more | | | | | | | | |
| available fault current exceeds 10,000 Amps at 150 Volts or | _ | Buildings more than three stor | | | | | | | | |
| less to ground exceeds 14,000 Amps for all other | = | inas and boat ating buildings | | | | | | | | |
| Fire pumps | Learner 1 | nmercial-use a dings | agricultural | | | | | | | |
| Emergency systems | inst | allation of a 1 | 50 KVA or | | | | | | | |
| Addition of a new motor load of 100 HP or more | larger seperately derived sys "A", "E", or "I-2" or "I-3" | | | | | | | | | |
| Six or more residential units in one structure | Red | reational Veh | icle Parks | | | | | | | |
| Health care facilities | Supply voltage for more than 600 supply volts nominal | | | | | | | | | |
| FEE SC | HEDUL | | I AND THE STATE OF | | | | | | | |
| Description | Qty | . Ea. | Total | | | | | | | |
| Miscellaneous | | | | | | | | | | |
| Sign or outline lighting | 1 | \$91.72 | \$91.72 | | | | | | | |
| Electrical Permit Fees | | | | | | | | | | |
| Subtotal | | | \$91.72 | | | | | | | |
| State surcharge (12% of permit total) | | | \$11.01 | | | | | | | |
| TOTAL PERMIT FEE | | | \$102.73 | | | | | | | |



Electrical Permit Application
12725 SW Millikan Way / PO Box 4755
Beoverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov

| Olitic | E USE ONLÝ: |
|-----------------------|------------------------|
| Date Received 9-24-19 | Permit No.: B2019-4015 |
| Date based: 9-2U-19 | By Me |
| | Payment Type: VISA |

| TYPE OF | WORK | | AN REVIE | | e od to e e e e e e e e e e e e e e e e e e | 2004 |
|---|--|--|---|----------------------|---|---------------|
| ☐ New construction | dionreptacement | Please check all that apply: | | | roveredd) en | |
| Other | | or more | ☐ Max | nnas and bo | etyards | 1 |
| CATEGORY OF (| CONSTRUCTION | ☐ Fire pump | | aling buildin | | A1 |
| 31- and 2-family dwelling ☐ Commercial/a | stustrial Accessory building | Imergency system Addition of new motor | | nmercial-us diags | nukucinga eu | 34 . |
| ☐ Multi-family ☐ Master builde | Other: | load at 100HP or more | | | DKVA or Silg | ka |
| JOB SITE INFORMATI | ON AND LOCATION | Six ox more residencial unb Health-care facilities | | eralisy district. | ad system Floodupuncy | |
| Job no Job address: 11550 | SW 11th Street | ☐ Hazardous locations | □ Re | mational w | ehiclo porks | |
| | · · · · · · · · · · · · · · · · · · · | | SCHEOU | 1 | Total | 7 |
| CitySHeZIP: Beaverton Oregon 9700: | | Residential single- or multi | Qly. Iamilu dwe | Fee | 1 0163 | 1 |
| Suitefolds Japt. no.: | Project name: Remodel | Includes attached garage | X 441 A1 1/2 A2 1/2 | | | ang motionada |
| Cross sheet/brections to job site: 11th & Alger | | 1,000 sq. ft. or less | | 194.64 | ····· | 4 |
| Schalivision: Wote VOSR | Lot rio.: | Ea. axtd'l 500 sq. it. or portion Limited energy, residentia | | 34,77 | | + |
| | A STATE OF THE PROPERTY OF THE | (with above sq. it.) | | 46.42 | · | 2 |
| Tax map/purcel no.: | | Limited energy, muti-famili residential (with above sq. | | 91.72 | | 2 |
| DESCRIPTION | OF WORK | Services or feeders install: | | tion, and/o | relocation | 1 |
| 1/4/11/1/1/ | | 200 amps or less | | 115.83 | | 2 |
| Ketchen Kem | odex | 201 amps to 400 amps | | 137.89 | | 2 |
| PROPERTY OWNER | () TENANT | 401 ampsi to CXX amps | | 229,34 | | 3 |
| Name: Kailee Kinney | | 601 amps to 1,000 amps | | 299.93 | | 2 |
| Address 11550 SW 11th Street | | Over 1,000 amps or volts | | 690.22 | ļ | 2 |
| | | Ultily reconnect Temporary services or fee | lare inchalls | 91.72 | dion and | 1 1 |
| CityState/ZIP: Beaverton Oregon 97005 | | relocation | Cat a tite con- | | | |
| Phone: 971-404-5473 | Fax: | 200 amps or less | | 91.72 | <u> </u> | 2 |
| E-mail: kaileek@comcast.net | | 201 amps to 400 amps | | 127.41 | | 2 |
| E-mail: Kallock-Goom-Caschet | | 401 amps to 600 amps | | 184.11 225.29 | ļ | 2 |
| Owner installation: This installation is being made o | in property that I own, which is not intended for | 601 amps to 1,000 amps Branch circuits - new, alte | ntion Are | | | 15 |
| sale, lease, ront, or exchange | * | A. Fee for branch discuits wi | | riensiem, p | ET TAMEPO | |
| Owner signature | Cole: | above service or feeder to | | 4,26 | | 2 |
| ☐ APPLICANT | A DECEMBER OF THE PROPERTY OF | B. Fee for branch circuits without service or feeder | lee. | 81.14 | | 2 |
| Business name: Same as property owne | | that branch circuit | | 160 | | - |
| Contact rame: | . | Each add't branch circuit Miscellaneous (service or | 8 | 4.26 | | 1 |
| Addrese: | | Each manufactured or modu | | | | 1 4 |
| | | awelling, service, and/or fee | ey | 91.72 | | 2 |
| City/State/ZIP: | and the second s | Pump or angullon circle | | 91.72 | | 3: |
| Phone: | fax. | Sign or outline lighting Signal circuit(s) or limited-or | GEO. | 91.72 | | . 5 |
| E-mail: | | panel, alteration, or | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | 91.72 | ĺ | 2 |
| CONTRAC | TOR | extension Describe: | | " " " | | |
| Business name: Paul Langston | | Each additional inspection | | | | |
| | The state of the s | over allowable in any of the | ę | | | . |
| Activess: 6820 SW Dale AVE | | Perinspection | | 81.14 | <u> </u> | |
| CityState/ZIP: Beaverton Oregon 97008 | . | Investigation fee | | 1 | | 1 |
| Phone: (971) 294-5403 | Fax: | Other. | | | | |
| Email: mailto:admin@langstonelectri | CC8 lig. no : | Electrical permit fices | | 1, | ļ: | |
| Etectrical lic. no. 221266 | City or metro lie | | SUBTOTAL | | <u> </u> | .0.00 |
| Supervising electrician | | — Plan review | (25% of po | emnit fee) | <u> </u> | |
| eignáturo, required: | | State surcharge | (12% of pe | rmit fee) | | 0.00 |
| Paul Langston | Date 9/20/19 | 71 | TAL PER | MIT FEE | \$129. | .05 |
| K-OVE ! | r | This permit application ex | | | | dthin |
| Authorized signature | 75 1 7 1 | 180 days after it h | re needs see | ented as c | OTHENING | |

180 days after it has been a Number of inspections whosed per permit From 170-1003

REV 1017



Electrical Permit Application

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222

| OFFICE | USE ONLY |
|---------------------------|---------------------------------|
| Date Received: 09/20/2019 | Permit No.: B2019-2834 |
| Date issued: 9-24-19 | By: M |
| | Payment Type: COB Peinburotment |

| | | Reavertountegourgov | | | | | | | |
|---|-------------------------|--|---|--|---|--------------|---------------------|---|--------------|
| | TYPE O | F WORK | | · 经基本的 (1) · 2 · 2 · 2 · 2 · 3 · 3 · 3 · 3 · 3 · 3 | | | | | |
| New construction | | ration/replacement | | Please check all that a | | | | r over 600 amr Iree stories | 280 |
| · | Other: | , | | Service or feeder or more | | | nas and bo | | |
| 1997年度世界中国第二 | CATEGORY OF | CONSTRUCTION | | ☐ Fire pump | | ☐ Floa | ling buildin | gs | |
| 1- and 2-family dwelling | ☐ Commercial/ | | | ☐ Emergency system ☐ Addition of new m | | | mercial-us lings | e agricultural | |
| ☐ Multi-family | ☐ Master build | er 💹 Other: pump s | station | load of 100HP or | | | ~ | 0 KVA or large | r. |
| | JOB SITE INFORMAT | ION AND LOCATION | | Six or more resident | | | rately derive | ed system occupancy | į |
| | | | *************************************** | ☐ Health-care faciliti ☐ Hazardous locatio | ns II | ☐ Reci | eational ve | hicle parks | |
| Job no.: | Job addless: 14/5 | 8 SW Scholls Ferry Road | | The property of the party of th | FEE SC | HEDUL | E > 1 | ****** | |
| City/State/ZIP: Beaver | ton, OR 97007 | | | Description | | Qty. | Fee | Total | • |
| Suite/bldg./apt. no.; | | Project name: Meridian Pump | Station | Residential single- or Includes attached ga | | ly dwel | ing unit | \$ 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | |
| Cross street/directions to job | site: Between SV | V Teal Blvd and SW 147th | Place | 1,000 sq. ft. or less Ea. add'l 500 sq. ft. or | nortion | | 194.64 34.77 | | 4 |
| Subdivision: | | Lot no.; | | Limited energy, res | | | | , | 2 |
| Tax map/parcel no.: 1S1; | 32171700400 | | | (with above sq. ft.) | | ļ | 46.42 | | |
| | | The state of the s | 31. 222. 61. 23 | Limited energy, mult residential (with abo | | | 91.72 | | 2 |
| | DESCRIPTIO | N OF WORK | | Services or feeders I | | alterati | on, and/or | relocation | |
| The project will repla | ce an aging belo | wground water pump station | on with a | 200 amps or less | *************************************** | | 115.83 | | 2 |
| | | w transformer and backup | | 201 amps to 400 amps | 3 | | 137.89 | 1 | 2 |
| ☐ PROPERTY | | | | 401 amps to 600 amp | 5 | 1 | 229.34 | 229,34 | 2 |
| Name: City of Beaver | ton: Attn: Sheila | Sahu | | 601 amps to 1,000 am | ps | | 299,93 | | 2 |
| | | | | Over 1,000 amps or vo | ilts | | 690.22 | | 2 |
| Address: 12725 SW M | illikan Way | | | Utility reconnect | | | 91.72 | Alan andlan | 1 |
| Cily/State/ZIP: Beaverto | n, OR 97005 | | | Temporary services relocation | or teeders, i | nstaliat | | uon, andror | |
| Phone: (503) 350-409 | 4 | Fax: | | 200 amps or less | | ├ ── | 91.72 | | 2 |
| | | | | 201 amps to 400 amps | | ├ | 127,41 | | 2 |
| E-mail: ssahu@beave | πonoregon,gov | | | 401 amps to 800 amps | | ļ | 184,11 225,29 | | 2 |
| Owner Installation: This ins | tallation is being made | on property that I own, which is not int | ended for | 601 amps to 1,000 am Branch circuits - nev | · | 0 0 0 | | or nanol | |
| sale, lease, rent, or exchang | e, | | | A. Fee for branch circu | | 1, 01 6 | anaion, p | n panet | Γ |
| Owner signature: | | Dale: | | above service or fe each branch circuit | eder fee, | 20 | 4.26 | 85.20 | 2 |
| ☑ APPLIC | ANT . | CONTACT PERSO | N | B. Fee for branch circ | uils | | 81.14 | | ٠ |
| Business name: Same 8 | as above | | | without service or first branch circuit | leeder tee, | | | , | 2 |
| Contact name: | | , | | Each add'l branch circ | | <u> </u> | 4.26 | | L |
| Add | **** | | | Miscellaneous (servi | | r not in | cluded) | | r |
| Address: | | | | Each manufactured or dwelling, service, and/ | | | 91.72 | | 2 |
| City/State/ZIP: | | | | Pump or irrigation circ | | | 91.72 | | 2 |
| Phone: | | Fax; | | Sign or outline lighting | | | 91.72 | | 2 |
| , | | | | Signal circuit(s) or limit panel, alteration, or | | | | | |
| E-mail: | | | | extension Describe | a : | 19 | 91.72 | 1,742.68 | 2 |
| | CONTRA | CTOR | | Instruments, control device | | | | <u> </u> | - |
| Business name: | ate Electric | · Unlimited Inc. | | Each additional insp | | 1 | | | |
| Address: PO Box | 871866 | | | above | | ļ | | | |
| City/State/ZIP: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 1. 10 m | | | Per inspection | + | ļ | 81,14 | | <u> </u> |
| VINICED | 1 77-5 | Eav. 21 & 01 = 22 | 70 | Investigation fee | | | | · | |
| Phone: 360.56 | 1.3330 | Fax: 360.567.332 | 20 | Other: | | - | ļ | | |
| E-mail: jason@apu | | CCB lic. no.: 191346 | | Electrical permit fees | \$UB | TOTAL | | 2,05 | 7.22 |
| Electrical lic. no.: (63 | 8 | City or metro lic.: 10347 | | Plan re | eview (25% | of ne | mil fee) | | 4.31 |
| Supervising electrician / | n : | • | | State surch | | | | | 6.87 |
| | | 2 1 | a 10 | Giate suiti | | | | *************************************** | |
| Print name: Va Son | Dixou | Date: 9.16 | 1.1. | This permit applicat | | | MIT FEE | \$2,81 obtained will | |
| I Andreadonal almonatores A | · · | | | · · · · · · · · · · · · · · · · · · · | | | | | |

Date: 9./4./#

) izan

Print name:

180 days after it has been accepted as complete

Number of inspections allowed per permit.
Ferm 870-1802

12725 SW Milikan Way Beaverton, OR 97076 Phone: 503-526-2542



Commercial Electrical Authorization To Begin Work 05350-BEL-19-00832

Approval Code: 07187G 9/23/2019 1:32 pm

E-mailed To: office@ericolsonelectricinc.com

| 30 | | | | | |
|----|----|-----|-----|-----|---|
| W | Be | ayo | erl | tor | 1 |

| TYPE OF WORK |
|---|
| New Construction X Addition/alteration/replacement |
| CATEGORY OF CONSTRUCTION |
| 1 or 2 family dwelling Multi-family Commercial Accessory |
| JOB SITE INFORMATION AND LOCATION |
| Job Address: 16165 SW REGATTA LN |
| City/State/ZIP: BEAVERTON, OR 97006 |
| Suite/bidg./apt.no.: 700 |
| Project Name: Bombay Pizza |
| Cross Street/directions to job site: |
| Tax map/parcel no.: 1S105BA02000 |
| DESCRIPTION OF WORK |
| Kitchen remodel; 13 circuits (food prep, soda bar, beer/liquor bar, lighting, hood system, cooler & general) |
| APPLICANT |
| Name: eric olson |
| Phone: 3602581849 Fax: 3602581859 |
| Email: |
| CONTRACTOR |
| Elec lic. no.: 37-1053C CCB lic. no.: 179408 |
| Business Name: ERIC OLSON ELECTRIC INC |
| Contact: |
| Address: 10013 NE HAZEL DELL AVE PMB#432 |
| City/State/ZIP: VANCOUVER, WA 98685 |
| Phone: 3602581849 Fax: 3602581859 |
| Email: office@ericolsonelectricinc.com |
| Metro lic. no.: City lic. no.: |
| Supervising Electrician's lic. no.: |
| Supervising Electrician's Name: |
| Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 All Other Services: 2 |

| Upon | review | and | approval | by | your | local | jurisdiction, | your | permit | will | be | e-mailed | or | faxed |
|--------|---------|-------|-------------|-------|---------|-------|---------------|--------|----------|------|----|----------|----|-------|
| within | one bus | iness | day, with i | nstrı | ections | on ho | w to schedule | your i | nspectio | n, | | | | |

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

| PLAN | REV | EW | | | |
|---|--|---------------------------------------|---|--|--|
| Please check all that apply: | | Hazard | lous location | s | |
| A service or feeder beginning at 400 Amps where the | | | ce or feeder aps or more | rated at | |
| available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | | Marina | gs more thar s and boat y g buildings | | |
| Fire pumps | | Commercial-use agricultural buildings | | | |
| ☐ Emergency systems ☐ Addition of a new motor load of 100 HP or more | | larger | ition of a 150 seperately de | erived sys | |
| Six or more residential units in one structure Health care facilities | ☐ "A", "E", or "I-2" or "I-3" ☐ Recreational Vehicle Parks ☐ Supply voltage for more than 600 supply volts nominal | | | le Parks more than | |
| FEES | CHEL | | ppiy voice | A Parameter | |
| Description | | Qty. | Ea. | Total | |
| Branch circuits | | | | And Selection of the Control of the | |
| Branch circuits without service or feeder | | 1 | \$81.14 | \$81.14 | |
| Branch circuits each additional circuit without service | | 12 | \$4.26 | \$51.12 | |
| Electrical Permit Fees | | | | Washington of the control of the con | |
| Subtotal | | | | \$132.26 | |
| State surcharge (12% of permit total) | | | | \$15.87 | |
| TOTAL PERMIT FEE | | | | \$148.13 | |

Beaverton Phone: 503-526-2542 Email: cunderwood@beavertonoregon.gov

12725 SW Milikan Way Beaverton, OR 97076

Commercial Electrical Authorization To Begin Work 05350-BEL-19-00831

BZOQ - 399 Approval Code: 513231 9/23/2019 1:13 pm

E-mailed To: CEPermit@cepdx.com

| TYPE OF WORK | |
|---|---|
| ☐ New Construction ☐ Addition/alteration/replacement | Please check |
| CATEGORY OF CONSTRUCTION 1 or 2 family dwelling Multi-family Commercial Accessory JOB SITE INFORMATION AND LOCATION | A service at 400 An available 10,000 Ar less to gro |
| Job Address: 9100 SW GEMINI DR | 14,000 Ar |
| City/State/ZIP: BEAVERTON, OR 97008 | Fire pump |
| Suite/bldg./apt.no.: | ☐ Emergen |
| Project Name: C190213 - Cybertron | of 100 HF |
| Cross Street/directions to job site: | Six or mo one struc |
| Tax map/parcel no.: 1S127DB00302 | |
| DESCRIPTION OF WORK | Description |
| Provide, install terminate and Cat6 cables. | Miscellaneou |
| | Signal circuit(panel, alterati |
| APPLICANT | Electrical Pe Subtotal |
| Name: Peter Bledsoe | State surchar |
| Phone: 5032559488 Fax: 5032577121 | total) |
| Email: | TOTAL PERM |
| CONTRACTOR | |
| Etec lic. no.: 26-1054CLE CCB lic. no.: 142457 | |
| Business Name: CAPITOL DATA & COMMUNICATIONS INC | |
| Contact: | |
| Address: 11401 NE MARX | |
| City/State/ZIP: PORTLAND, OR 972201041 | |
| Phone: 5032559488 Fax: 5032551966 | |
| Email: RICHARDM@CPDX.COM | |
| Metro lic. no.: City lic. no.: | |
| Supervising Electrician's lic. no.: | |
| Supervising Electrician's Name: | |
| Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

All Other Services:

| PLAN | REV | IEW - | | | |
|--|---|-------------------------------|-----------------------------|--|--|
| Please check all that apply: | | Hazaro | ious locations | 8 | |
| A service or feeder beginning at 400 Amps where the | | | ce or feeder nps or more | rated at | |
| available fault current exceeds 10,000 Amps at 150 Volts or | | Buildin | gs more than | three stor | |
| less to ground exceeds 14,000 Amps for all other | | Marina | s and boat ya | ards | |
| | | Floatin | g buildings | | |
| Fire pumps | | Comm buildin | ercial-use ag gs | ricultural | |
| ☐ Emergency systems ☐ Addition of a new motor load of 100 HP or more | | Installa | ation of a 150 | KVA or | |
| | | larger seperately derived sys | | | |
| Six or more residential units in one structure | hammed a single of the single | | | e Parks | |
| Health care facilities | | | | | |
| FEE S | CHE | DULE | | God and | |
| Description | | Qty. | Ea. | Total | |
| Miscellaneous | | | | Francisco (Francisco (| |
| Signal circuit(s) or limited-energy panel, alteration, or extension | | 1 | \$91.72 | \$91.72 | |
| Electrical Permit Fees | | | | | |
| Sublotal | | | <u> </u> | \$91.72 | |
| State surcharge (12% of permit total) | | | | \$11.01 | |
| TOTAL PERMIT FEE | | | | \$102.73 | |

12725 SW Milikan Way Beaverton, OR 97076 Beaverton Phone: 503-526-2542

R E G O N Email: cunderwood@beave



Approval Code: 03685G 9/23/2019 12:03 pm

E-mailed To: paul@timberlineelectric.com

| TYPE OF WORK |
|--|
| New Construction |
| CATEGORY OF CONSTRUCTION |
| 1 or 2 family dwelling X Multi-family Commercial Accessory |
| JOB SITE INFORMATION AND LOCATION |
| Job Address: 18300 NW WALKER RD |
| City/State/ZIP: BEAVERTON, OR 97006 |
| Suite/bldg./apt.no.: |
| Project Name: Building 16 Unit F |
| Cross Street/directions to job site: |
| Tax map/parcel no.: 1N131CB01500 |
| DESCRIPTION OF WORK |
| Update switches receptacles kitchen lights add circuit for microwave |
| |
| APPLICANT |
| Name: Timberline Contractors |
| Phone: 503-459-4089 Fax: 503-245-4227 |
| Email: |
| CONTRACTOR |
| Elec IIc. no.: 26-1211C CCB IIc. no.: 160037 |
| Business Name: TIMBERLINE ELECTRICAL CONTRACTORS INC |
| Contact: |
| Address: PO BOX 918 |
| City/State/ZIP: LAKE OSWEGO, OR 97034 |
| Phone: 5034594089 Fax: 5032544227 |
| Email: pat@timberlineelectric.com |
| Metro lic. no.: City lic. no.: |
| Supervising Electrician's lic. no.: |
| Supervising Electrician's Name: |
| Number of Inspections Included in paid services: Residential Service: 4 Reconnect Only: 1 All Other Services: 2 |

| Upon | review | and | approval | by | your | local | jurisdiction, | your | permit | will | be | e-malled | or | faxed |
|--------|---------|-------|-------------|------|---------|-------|---------------|------|----------|------|----|----------|----|-------|
| within | one bus | iness | day, with i | nstr | uctions | on ho | w to schedule | your | nspectic | n. | | | | |

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

| PLAN | REVIEW | | And the second s | | | | |
|--|---|--|--|--|--|--|--|
| Please check all that apply: | ☐ Hazar | dous location | าธ | | | | |
| A service or feeder beginning at 400 Amps where the | | A service or feeder rated at 600 amps or more | | | | | |
| available fault current exceeds 10,000 Amps at 150 Volts or | ☐ Buildir | Buildings more than three stor | | | | | |
| less to ground exceeds | = | as and boat | /ards | | | | |
| 14,000 Amps for all other | = | ng buildings | | | | | |
| Fire pumps | Comm buildir | iercial-use a igs | gricultural | | | | |
| Emergency systems | | ation of a 15 | | | | | |
| Addition of a new motor load of 100 HP or more | | larger seperately derived sys "A". "E", or "I-2" or "I-3" | | | | | |
| Six or more residential units in one structure | | Recreational Vehicle Parks | | | | | |
| Health care facilities | Supply voltage for more than 600 supply volts nominal | | | | | | |
| FEESC | HEDULE | | | | | | |
| Description | Qty. | Ea. | Total | | | | |
| Branch circults | esis. | | And the second s | | | | |
| Branch circuits without service or feeder | 1 | \$81.14 | \$81.14 | | | | |
| Branch circuits each additional circuit without service | 3 | \$4.26 | \$12.78 | | | | |
| Electrical Permit Fees | 6 T. C. | The second secon | | | | | |
| Subtotal | | | \$93.92 | | | | |
| State surcharge (12% of permit total) | | | \$11.27 | | | | |
| TOTAL PERMIT FEE | | | \$105.19 | | | | |

12725 SW Millkan Way Beaverton, OR 97076

B209-3992 Approval Code: 07360G 9/23/2019 10:29 am

Residential Electrical Authorization To Begin Work 05350-BEL-19-00829

E-mailed To: haley@sunbridgesolar.com

Beaverton Phone: 503-526-2542 Email: cunderwood@beavertonoregon.gov

| TYPE OF WORK | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| ☐ New Construction ☐ Addition/alteration/replacement | | | | | | | | |
| CATEGORY OF CONSTRUCTION | | | | | | | | |
| □ 1 or 2 family dwelling | | | | | | | | |
| JOB SITE INFORMATION AND LOCATION | | | | | | | | |
| Job Address: 175 SW 172ND AVE | | | | | | | | |
| City/State/ZIP: BEAVERTON, OR 97006 | | | | | | | | |
| Suite/bldg./apt.no.: | | | | | | | | |
| Project Name: Do Solar System | | | | | | | | |
| Cross Street/directions to job site: | | | | | | | | |
| Tax map/parcel no.: 1S106AB08100 | | | | | | | | |
| DESCRIPTION OF WORK | | | | | | | | |
| 4.96kW rooftop solar pv system. (16) Silfab modules and (1) SolarEdge inverter. IronRidge racking system. | | | | | | | | |
| APPLICANT | | | | | | | | |
| Name: Haley Polk | | | | | | | | |
| Phone: 9713254164 Fax: | | | | | | | | |
| FIIO116. 57 10204104 | | | | | | | | |
| Email: | | | | | | | | |
| | | | | | | | | |
| Email: | | | | | | | | |
| Email: CONTRACTOR | | | | | | | | |
| Email: CONTRACTOR Elec lic. no.: C1123 CCB lic. no.: 189787 | | | | | | | | |
| Email: CONTRACTOR Elec lic. no.: C1123 CCB lic. no.: 189787 Business Name: SUNBRIDGE SOLAR LLC | | | | | | | | |
| Email: CONTRACTOR Elec lic. no.: C1123 CCB lic. no.: 189787 Business Name: SUNBRIDGE SOLAR LLC Contact: | | | | | | | | |
| Email: CONTRACTOR Elec lic. no.: C1123 CCB lic. no.: 189787 Business Name: SUNBRIDGE SOLAR LLC Contact: Address: 706 W 17TH ST | | | | | | | | |
| Elec lic. no.: C1123 CCB lic. no.: 189787 Business Name: SUNBRIDGE SOLAR LLC Contact: Address: 706 W 17TH ST City/State/ZIP: VANCOUVER, WA 98660 | | | | | | | | |
| Email: CONTRACTOR Elec lic. no.: C1123 CCB lic. no.: 189787 Business Name: SUNBRIDGE SOLAR LLC Contact: Address: 706 W 17TH ST City/State/ZIP: VANCOUVER, WA 98660 Phone: 5034076820 Fax: | | | | | | | | |
| Email: CONTRACTOR Elec lic. no.: C1123 CCB lic. no.: 189787 Business Name: SUNBRIDGE SOLAR LLC Contact: Address: 706 W 17TH ST City/State/ZIP: VANCOUVER, WA 98660 Phone: 5034076820 Fax: Email: jordan@sunbridgesolar.com | | | | | | | | |
| Email: CONTRACTOR Elec lic. no.: C1123 CCB lic. no.: 189787 Business Name: SUNBRIDGE SOLAR LLC Contact: Address: 706 W 17TH ST City/State/ZIP: VANCOUVER, WA 98660 Phone: 5034076820 Fax: Email: jordan@sunbridgesolar.com Metro lic. no.: City lic. no.: | | | | | | | | |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

| PLAN | REVIEW | | | | |
|--|---|--|--|--|--|
| Please check all that apply: | Hazardous location | s | | | |
| A service or feeder beginning at 400 Amps where the | A service or feeder 600 amps or more | rated at | | | |
| available fault current exceeds 10,000 Amps at 150 Volts or | Buildings more than | three stor | | | |
| less to ground exceeds | Marinas and boat y | ards | | | |
| 14,000 Amps for all other | Floating buildings | | | | |
| Fire pumps | Commercial-use ag buildings | ricultural | | | |
| Emergency systems | _ | Installation of a 150 KVA or | | | |
| Addition of a new motor load of 100 HP or more | , | larger seperately derived sys "A", "E", or "I-2" or "I-3" | | | |
| Six or more residential units in | Recreational Vehicl | | | | |
| one structure | Supply voltage for r | | | | |
| Health care facilities | 600 supply volts nominal | | | | |
| FEE SC | HEDULE | | | | |
| Description | Qty. Ea. | Total | | | |
| Renewable Energy | | | | | |
| 5 kva or less - pv | 1 \$81.14 | \$81.14 | | | |
| Electrical Permit Fees | | A Company of the Comp | | | |
| Subtotal | | \$81.14 | | | |
| State surcharge (12% of permit total) | | \$9.74 | | | |
| TOTAL PERMIT FEE | | \$90.88 | | | |

12725 SW Milikan Way Beaverton, OR 97076

Residential Electrical Authorization To Begin Work 05350-BEL-19-00833

Approval Code: 713212 9/23/2019 3:21 pm

E-mailed To: alma@badgerelectricinc.com

Beaverton Phone: 503-526-2542

| | TYPE OF WORK |
|---|-------------------------------------|
| New Construction | Addition/alteration/replacement |
| | CATEGORY OF CONSTRUCTION |
| 1 or 2 family dwelling | g Multi-family Commercial Accessory |
| | B SITE INFORMATION AND LOCATION |
| Job Address: 11810 SW | V BRUCE DR |
| City/State/ZIP: BEAVER | TON, OR 97008 |
| Suite/bldg./apt.no.: | · |
| Project Name: | |
| Cross Street/directions | to job site: |
| Tax map/parcel no.: | 1S122BD04485 |
| | DESCRIPTION OF WORK |
| Service change and (2) c | circuits for AC and outside plug. |
| | APPLICANT |
| Name: TODD GABER | |
| Phone: 5032884756 | Fax: 5034937173 |
| Email: | |
| | CONTRACTOR |
| Elec lic. no.; 3-571C | CCB lic. no.: 156581 |
| Business Name: BADGE | R ELECTRIC INC |
| Contact: | |
| Address: PO BOX 55446 | |
| City/State/ZIP: PORTLAN | 1D, OR 97238 |
| Phone: 5032884756 | Fax: 5034937173 |
| Email: badgerelectric@qv | westoffice.net |
| Vietro lic. no.: | City lic. no.: |
| Supervising Electrician's | lic. no.: |
| Supervising Electrician's | Name: |
| Number of inspections in Residential Service: Reconnect Only: NI Other Services: | ncluded in paid services: 4 1 2 |

| Upon | review | and | approval | by | your | local | jurisdiction, | your | permit | will | be | e-mailed | or | faxe |
|--------|---------|-------|-------------|-------|---------|-------|---------------|--------|----------|------|----|----------|----|------|
| within | one bus | iness | day, with I | nstri | uctions | on ho | w to schedule | your l | nspectio | n. | | | | |

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

| PLAN | REVIEW | | | | | | |
|--|---|--|--|--|--|--|--|
| Please check all that apply: | ☐ Hazardous loca | tions | | | | | |
| A service or feeder beginning at 400 Amps where the | A service or fee | | | | | | |
| available fault current exceeds 10,000 Amps at 150 Volts or | Buildings more | Buildings more than three stor | | | | | |
| less to ground exceeds 14,000 Amps for all other | Marinas and bo | at yards | | | | | |
| 14,000 Amps for all other | Floating building | | | | | | |
| Fire pumps | Commercial-use buildings | e agricultural | | | | | |
| Emergency systems | Installation of a | 150 KVA or | | | | | |
| Addition of a new motor load of 100 HP or more | | larger seperately derived sys | | | | | |
| Six or more residential units in | | "A", "E", or "I-2" or "I-3" Recreational Vehicle Parks | | | | | |
| one structure Health care facilities | Supply voltage for more than 600 supply volts nominal | | | | | | |
| Health care facilities | | | | | | | |
| FEESO | HEDULE | | | | | | |
| Description | Qty. Ea. | Total | | | | | |
| Services or feeders | | | | | | | |
| Services 200 amps or less | 1 \$115.83 | \$115,83 | | | | | |
| Branch circuits | | | | | | | |
| Branch circuits with service or feeder each circuit | 2 \$4.26 | \$8.52 | | | | | |
| Electrical Permit Fees | | | | | | | |
| Subtotal | | \$124.35 | | | | | |
| State surcharge (12% of permit total) | | \$14.92 | | | | | |
| TOTAL PERMIT FEE | | \$139.27 | | | | | |

Electrical Permit Application 12725 SW Millikan Way / PO Box 4755 ELECTRONIC SUBMITTAL averton, OR 97076 ax: (503) 526-2550 on (503) 526-2222 vertonOregon.gov

Print name:

| | DECEMBER | | | | | | |
|------------------|-------------|------------------------|--|--|--|--|--|
| | OFFICE | USE ONLY | | | | | |
| Dale Received: (| 03/21/2019 | Permit No.: B2019-1139 | | | | | |
| Date Issued: | 1-23-17 | Ву: | | | | | |
| CITY BUII | OF BEAVERTO | Payment Type: | | | | | |

| | | · | ר ר | DI AM | REVIEW | , | | |
|--|---------------------|---------------------------|---------------|--|-------------------|----------------------------|--------------------|-----------|
| TYPE OF | WORK | |] | | | | over 600 amp | ıs |
| New construction | lion/replacement | | | Service or feeder 400amps | 🗌 Build | ling over th | ree slories | |
| Other: | | | 11 | | | nas and bo ling buildin | | |
| CATEGORY OF C | | | - 1 | | | | e agricultural | |
| 1- and 2-family dwelling Commercialfin | | Accessory building | Ш | Addition of new motor load of 100HP or more | billid olodi 🖂 | | KVA or large | . |
| ☐ Multi-family ☐ Master builder | | Other: School | 4 | Six or more residential units | | rately derive | | ' |
| JOB SITE INFORMATION | ON AND LOCATI | ION | 41 | ☐ Health-care facilities | | | occupancy | |
| Job no.: Job address: 11375 | SW Center | ST. | ╛┞ | Hazardous localions FEE SC | | | hicle parks | |
| city/State/ZIP: Beaverton/OR/97005 | | | 1 | Description | Qty. | Fee | Total | • |
| Suite/bldg./apt. no.: | Project name: A(| OMA | | Residential single- or multi-fam Includes attached garage | ly dwall | Ing unit | | |
| Cross street/directions to job site: SW CENTER | ST AND SV | / 113TH AVE | | 1,000 sq. ft. or less | | 194.64 | | 4 |
| · · · · · · · · · · · · · · · · · · · | Lot no.: | | 1 | Ea. add't 500 sq. ft. or portion Limited energy, residential | | 34.77 | | 2 |
| | | | 1 | (with above sq. ft.) | ļ | 46.42 | | |
| Tax map/parcel no.: | | | + [| Limited energy, multi-family residential (with above sq. fl.) | | 91.72 | | 2 |
| DESCRIPTION | | | + [| Services or feeders installation | | on, and/or | relocation | |
| Replacement of existing 1-story building | ng with new 2 | 2-story building for Arts | | 200 amps or less | 16 | 115.83 137.89 | 1,853.28 689.45 | 2 |
| & Communication Magnet Academy (/ | 4CMA) | | ╛╏ | 201 amps to 400 amps | 5 | | 009,43 | 2 |
| ROPERTY OWNER | | ☐ TENANT | վ ֈ | 401 amps to 600 amps | 1 | 229.34 299.93 | 299.93 | 2 |
| Name: Leslie Imes, Project Manager, B | eaverton Sch | nool District | | 601 amps to 1,000 amps Over 1,000 amps or volts | 2 | 690.22 | | 2 |
| Address: 16550 SW Merlo Road | | | 11 | Utility reconnect | 1 7 | 91.72 | 91,72 | 1 |
| | | | $+ \mid \mid$ | Temporary services or feeders | | | | |
| city/State/ZIP: Beaverton, OR 97003 | • | | 4 | relocation | 1 | 91.72 | 91,72 | 2 |
| Phone: (503) 356-4575 | Fax: | _ | | 200 amps or less 201 amps to 400 amps | '- | 127.41 | 91,72 | 2 |
| E-mail: Leslie_Imes@beaverton.k12.or | .us | | | 401 amps to 600 amps | - | 184.11 | | 2 |
| | | | 1 | 601 amps to 1,000 amps | | 225,29 | | 2 |
| Owner Installation: This installation is being made of sale, lease, rent, or exchange. | | | | Branch circuits – new, alteratio | n, or ex | tension, p | er panel | |
| Owner signature: | nus | | | A. Fee for branch circuits with above service or feeder fee, | 512 | 4.26 | 2,181,12 | 2 |
| | | | - - | each branch circult | | | -,,-,,- | |
| APPLICANT | <u>⊠</u> | CONTACT PERSON | \dashv | B. Fee for branch circuits without service or feeder fee. | | 81.14 | | 2 |
| Business name: DLR Group | | | _ | first branch circuit Each add'l branch circuit | - | 4.26 | | |
| Contact name: Oana Stephens, PE | | | | Miscellaneous (service or feed | er not in | | <u> </u> | J |
| Address: 421 SW 6th Ave, Suite 1212 | | | 1 | Each manufactured or modular | | 91.72 | | 2 |
| | | | 1 | dwelling, service, and/or feeder | | 91.72 | | 2 |
| City/State/ZIP: Portland/OR/97204 | | | - | Pump or irrigation circle Sign or outline lighting | 1 | 91.72 | 91.72 | 1 |
| Phone: (206) 461-6035 | Fax: | | _ | Signal circuit(s) or limited-energy | | | 72 | Ť |
| E-mail: ostephens@dlrgroup.com | | | | panel, alteration, or extension. Describe: | | 91.72 | | 2 |
| CONTRAC | TOR | | | and low and and | | ļ, | | <u> </u> |
| Business name: AC&E Electric | | | | Each additional inspection over allowable in any of the | | | | |
| Address: 3535 Del Webb Ave. Su | | | ٦ | above | | | | <u> </u> |
| | 110 100 | | 7 | Per inspection | | 81,14 | | igapsilon |
| City/State/ZIP: Salem, Or. 97301 | | | \dashv | Investigation fee | - | <u> </u> | <u> </u> | ┼ |
| Phone: 503.363.2301 | Fax: | | - | Other: Electrical permit fees | - | | | ╫ |
| E-mail: jeff@acandeelectric.com | CCB lic. no.: 59 |)1 | | | TOTAL | <u></u> | 6,67 | 9.38 |
| Electrical lic. no.: 5391S | City or metro lic.: | 8944 | | Plan review (25 | % of pe | rmit fee) | 1,66 | |
| Supervising electrician | | | | State surcharge (12 | | | | 1.53 |
| signature, required: | | 6.07.0010 | 7 | | | MIT FEE | \$9,15 | |
| Print name: Robert Kenny Gates | | Dale: 6.27.2019 | \dashv | This permit application expire | | | | |
| Authorized signature: | | | _ | This permit application expire 180 days after it has b | 88U SCC | epied as o | omplete | |

Date:

180 days after it has been accepted as complete
Number of inspections allowed per permit.
Form 870-1002 REV 10/17

Residential Electrical Authorization To Begin Work 05350-BEL-19-00828

12725 SW Milikan Way Beaverton, OR 97076 Beaverton Phone: 503-526-2542 Email: cunderwood@beavertonoregon.gov

Approval Code: 610291 9/20/2019 2:19 pm

PLAN REVIEW

E-mailed To: info@all-pro-electric.com

| | TYPE OF WORK |
|--|--|
| New Construction | X Addition/alteration/replacement |
| CATEGO | DRY OF CONSTRUCTION |
| ы | Multi-family Commercial Accessory |
| JOB SITE IN | FORMATION AND LOCATION |
| Job Address: 7235 SW BENZ PARI | K DR |
| City/State/ZIP: 8EAVERTON, OR 9 |)7225 |
| Sulte/bldg./apt.no.: | |
| Project Name: 19-3170 Moreno | |
| Cross Street/directions to job site: | |
| Tax map/parcel no.: 1S112AB0 | 1300 |
| | SCRIPTION OF WORK |
| Service upgrade, panel change, new adjust light ckt in laundry | v range ckt, new dryer & washer ckt, move A/C, |
| | APPLICANT |
| Name: Kevin Poole | |
| Phone: 5032460361 | Fax: 5032460406 |
| Email: | |
| | CONTRACTOR |
| Elec lic. no.: 26-1099C | CCB lic. no.: 148108 |
| Business Name: ALL PRO ELECTE | RIC INCORPORATED |
| Contact: | |
| Address: 6312 SW CAPITOL HWY | ' STE 262 |
| City/State/ZIP: PORTLAND, OR 97 | 7239 |
| Phone: 5032460361 | Fax: 5032460406 |
| Email: info@all-pro-electric.com | |
| Metro lic. no.: | City lic. no.: |
| Supervising Electrician's lic. no.: | |
| Supervising Electrician's Name: | |
| Number of inspections included in Residential Service: 4 | n paid services: |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

| AND THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF | | | | | | |
|---|-----|--|--------------------|--------------|--|--|
| Please check all that apply: | | Hazard | ous location | ıs | | |
| A service or feeder beginning at 400 Amps where the | | A service or feeder rated at 600 amps or more | | | | |
| available fault current exceeds 10,000 Amps at 150 Volts or | | Buildin | gs more tha | n three stor | | |
| less to ground exceeds | | Marina | s and boat y | /ards | | |
| 14,000 Amps for all other | | Floatin | g buildings | | | |
| Fire pumps | | Comm buildin | ercial-use a gs | gricultural | | |
| Emergency systems | | • | ition of a 15 | | | |
| Addition of a new motor load of 100 HP or more | | larger seperately derived sys "A", "E", or "I-2" or "I-3" Recreational Vehicle Parks | | | | |
| Six or more residential units in one structure | | | | | | |
| Health care facilities | L | Supply voltage for more than 600 supply volts nominal | | | | |
| FEE S | CHE | DULE | 10.000 | | | |
| Description | | Qty. | Ea. | Total | | |
| Services or feeders | | | 1 | | | |
| Services 200 amps or less | | 1 | \$115.83 | \$115,83 | | |
| Branch circuits | | | | | | |
| Branch circuits with service or feeder each circuit | | 6 | \$4.26 | \$25.56 | | |
| Electrical Permit Fees | | | T | | | |
| | | | | \$141.39 | | |
| Subtotal | | | | | | |
| Subtotal State surcharge (12% of permit total) | | | | \$16.97 | | |

12725 SW Milikan Way Beaverton, OR 97076 Beaverton Phone: 503-526-2542

พ Email: cunderwood@beavertonoregon.gov

B2019-3977 Residential Electrical Authorization To Begin Work 05350-BEL-19-00827

Approval Code: 114054 9/20/2019 9:40 am

F-mailed To: lerryl@peakelectricgroup.com

\$115.83

\$12.78

\$128.61 \$15.43

\$144.04

| , | | L-Illaneu | 10. 10 | an ynwel | Joanoloon | rogroup.c |
|--------------------------------------|----------------------------------|---|--------|-----------------|--------------------------------|--------------|
| T | YPE OF WORK | PLAN | REV | IEW | e da estada | |
| ☐ New Construction | Addition/alteration/replacement | Please check all that apply: | | Hazard | lous location | IS |
| | RY OF CONSTRUCTION | A service or feeder beginning at 400 Amps where the | | | ce or feeder nps or more | |
| 1 or 2 family dwelling Mu | ulti-family Commercial Accessory | avallable fault current exceeds | | Buildin | gs more tha | n three stor |
| JOB SITE INF | ORMATION AND LOCATION | 10,000 Amps at 150 Volts or less to ground exceeds | | Marina | s and boat y | /ards |
| Job Address: 12620 SW 13TH ST | | 14,000 Amps for all other | | Floatin | g buildings | |
| City/State/ZIP: BEAVERTON, OR 97 | 005 | Fire pumps | | Comm buildin | ercial-use as gs | gricultural |
| Suite/bidg./apt.no.: | | Emergency systems Addition of a new motor load | | , | ation of a 156 seperately d | |
| Project Name: 190589 | | of 100 HP or more | | | ", or "I-2" or | _ |
| | | Six or more residential units in | | Recre | ational Vehic | de Parks |
| Cross Street/directions to job site: | | one structure Health care facilities | | | voltage for ipply volts n | |
| Tax map/parcel no.: 1S116DD06 | | FEES | CHE | | | |
| DESC | CRIPTION OF WORK | Description | | Qty. | Ea. | Total |
| Service upgrade and relocation and 3 | new circuits. | Services or feeders | | | | |
| | | Services 200 amps or less | | 1 | \$115.83 | \$118 |
| | | Branch circuits | | | | |
| | APPLICANT | Branch circuits with service or feeder each circuit | | 3 | \$4.26 | \$12 |
| Name: Jerry Larson | | Electrical Permit Fees | | | | |
| Phone: 5035774311 | Fax: | Subtotal | | | | \$12 |
| Email: | | State surcharge (12% of permit total) | | | | \$1 |
| | CONTRACTOR | TOTAL PERMIT FEE | | | | \$144 |
| Elec lic. no.: C1109 | CCB IIc. no.: 206443 | | | | - | |
| Business Name: PEAK ELECTRIC C | ROUP LLC | | • | | | · |
| Contact: | | | | | | |
| Address: 11007 NE 109TH ST | | | | | | |
| City/State/ZIP: VANCOUVER, WA 9 | 8662 | | | | | |
| Phone: 3609844205 | Fax: | · · · · · · · · · · · · · · · · · · · | | | | |
| Email: timb@peakelectricgroup.com | | _ | | | | |
| Metro lic. no.: | City lic. no.: | | | | | |
| Supervising Electrician's lic. no.: | | | | | | |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Supervising Electrician's Name:

Residential Service:

Reconnect Only:

All Other Services:

Number of inspections included in paid services:

4

2

B2019-3974 Commercial Electrical Authorization To Begin Work

05350-BEL-19-00826

Approval Code: 01921G 9/20/2019 9:27 am

E-mailed To: jabel@comfortflow.com

City Of Beaverton

12725 SW Milikan Way Beaverton, OR 97076

Beaverton Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

| TYPE OF WORK | |
|---|-----------|
| New Construction X Addition/alteration/replacement | |
| CATEGORY OF CONSTRUCTION | |
| 1 or 2 family dwelling Multi-family Commercial Accessory | |
| JOB SITE INFORMATION AND LOCATION | |
| Job Address: 14831 SW TEAL BLVD | |
| City/State/ZIP: BEAVERTON, OR 97007 | |
| Suite/bldg./apt.no.: | |
| Project Name: MURRAY HILL VET 859454 | |
| Cross Street/directions to job site: | |
| Tax map/parcel no.: 1S132AD00300 | |
| DESCRIPTION OF WORK | |
| HVAC CONTROLS | |
| | |
| APPLICANT | |
| Name: Jaycee Abel | PONCO WAY |
| Phone: 5413575871 Fax: 5417477274 | |
| Email: | |
| CONTRACTOR | |
| Elec lic. no.: 20-431CRE CCB lic. no.: 460 | |
| Business Name: COMFORT FLOW HEATING CO | |
| Contact: | |
| Address: 1951 DON ST STE D | |
| City/State/ZIP: SPRINGFIELD, OR 97477 | |
| Phone: 5417260100 Fax: 5417477274 | |
| Email: ap@comfortflow.com | |
| Metro lic. no.: City lic. no.: | |
| Supervising Electrician's lic. no.: | |
| Supervising Electrician's Name: | |
| Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

All Other Services:

| Please check all that apply: A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds | | | ous location | | |
|--|---|----------------------------|--------------------------------|--|--|
| at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds | | | | and the state of t | |
| 10,000 Amps at 150 Volts or less to ground exceeds | | | ibs or more | rated at | |
| less to ground exceeds | | Building | gs more thai | n three stor | |
| | | Marina | s and boat y | ards | |
| 14,000 Amps for all other | | Floatin | g buildings | | |
| Fire pumps | | Commo building | ercial-use aç gs | gricultural | |
| Emergency systems | | | tion of a 150 | | |
| Addition of a new motor load of 100 HP or more | П | | seperately d ", or "l-2" or | - | |
| Six or more residential units in one structure | | Recreational Vehicle Parks | | | |
| Health care facilities | Supply voltage for more than 600 supply volts nominal | | | | |
| FEE SCH | HEC | ULE | 11.00 | | |
| Description | | Qty. | Ea. | Total | |
| Miscellaneous | | | | | |
| Signal circuit(s) or limited-energy panel, alteration, or extension | | 1 | \$91.72 | \$91.72 | |
| Electrical Permit Fees | | | | | |
| Subtotal | | | | \$91.72 | |
| State surcharge (12% of permit total) | | | | \$11.01 | |
| TOTAL PERMIT FEE | | | | \$102.73 | |

B2019-3476
Residential Electrical Authorization To Begin Work
05350-BEL-19-00825

Please check all that apply:

12725 SW Milikan Way
Beaverton, OR 97076

Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

Approval Code: 047261 9/20/2019 9:01 am

Hazardous locations

PLAN REVIEW

E-mailed To: jen@redselectric.com

| | TYPE OF WORK | TO THE PERSON NAMED OF |
|-------------------------------------|-------------------------|------------------------|
| New Construction | | eration/replacement |
| CATEG | ORY OF CONSTRUCTION | |
| Δ . σ, Ξ . σ., | Multi-family Commercial | Accessory |
| | IFORMATION AND LOCA | TION |
| Job Address: 10115 SW HEATHE | RLN | |
| City/State/ZIP: BEAVERTON, OR | 97008 | |
| Suite/bldg./apt.no.; | | |
| Project Name: fitterer | | |
| Cross Street/directions to job site | : | , |
| | 04400 | |
| Tax map/parcel no.: 1S123CB | SCRIPTION OF WORK | |
| | SCRIPTION OF WORK | |
| Family room addition | | |
| | | |
| | APPLICANT | |
| Name: Jen Cain | | |
| Phone: 5032336467 | Fax: 5032331281 | |
| Email: | | |
| | CONTRACTOR | |
| Elec IIc. no.: 26-152C | CCB lic. no.: 4443 | |
| Business Name: REDS ELECTRIC | C CO INC | |
| Contact: | | |
| Address: PO BOX 68999 | | |
| City/State/ZIP: PORTLAND, OR | 97268 | - |
| Phone: 5032336467 | Fax: 5032331281 | |
| Email: brandl@redselectric.com | | |
| Metro IIc. no.: | City lic. no.: | |
| Supervising Electrician's lic. no.: | | |
| Supervising Electrician's Name: | | |
| Number of inspections included | in paid services: | |
| Annual at make an area. | • | |

| A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Voits or less to ground exceeds 14,000 Amps for all other Fire pumps Emergency systems Addition of a new motor load of 100 HP or more Six or more residential units in one structure Health care facilities | A service or feeder rated at 600 amps or more Buildings more than three stor Marinas and boat yards Floating buildings Commercial-use agricultural buildings Installation of a 150 KVA or targer seperately derived sys "A", "E", or "I-2" or "I-3" Recreational Vehicle Parks Supply voltage for more than 600 supply volts nominal | | | |
|---|--|---------|---------|--|
| FEE SC Description | HEDULE Qty. | Ea. | Total | |
| Branch circuits | | | | |
| Branch circuits without service or feeder | 1 | \$81.14 | \$81.14 | |
| Branch circuits each additional circuit without service | 1 | \$4.26 | \$4.26 | |
| Electrical Permit Fees | | 1 | | |
| Subtotal | | | \$85.40 | |
| State surcharge (12% of permit total) | | | \$10.25 | |
| TOTAL PERMIT FEE | į. | 1 | \$95.65 | |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

2

Residential Service: Reconnect Only: All Other Services:

12725 SW Milikan Way Beaverton, OR 97076

Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

B2019-3957

Residential Electrical Authorization To Begin Work 05350-BEL-19-00824

Approval Code: 06450G 9/19/2019 5:12 pm

E-mailed To: service@clackamaselectric.com

| 12 Safet Security | TYPE OF WORK |
|----------------------------|-----------------------------------|
| New Construction | X Addition/alteration/replacement |
| Paging Co. | CATEGORY OF CONSTRUCTION |
| 1 or 2 family dwelling | Multi-family Commercial Accessory |
| JOE | SITE INFORMATION AND LOCATION |
| Job Address: 14274 SW | FARMINGTON RD |
| City/State/ZIP: BEAVER | TON, OR 97005 |
| Sulte/bldg./apt.no.: | |
| Project Name: CC-Planta | aion-20071 |
| Cross Street/directions t | to job site: |
| Tax map/parcel no.: | 1S116BC03400 |
| | DESCRIPTION OF WORK |
| Carport Fire , Rewire of c | arport |
| | APPLICANT |
| Name: Scott Johnston | |
| Phone: 5036322420 | Fax: 5036322421 |
| Emall: | |
| | CONTRACTOR |
| Elec lic. no.: 3-606C | CCB lic. no.: 161923 |
| Business Name: CLACK | (AMAS ELECTRIC INC |
| Contact: | |
| Address: PO BOX 51 | |
| City/State/ZIP; BEAVER | CREEK, OR 97004 |
| Phone: 5036322420 | Fax: 5036322421 |
| Emall: donna@clackama | aselectric.com |
| Metro lic. no.: | City lic. no.: |
| Supervising Electrician | to tion no : |
| Supervising Electrician | 5 Ho. Ho., |
| Supervising Electrician | |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

| PLAN | REV | IEW | | | | | | |
|--|-----------|---|---|--------------|--|--|--|--|
| Please check all that apply: | | Hazard | lous location | ıs | | | | |
| A service or feeder beginning at 400 Amps where the | | A service or feeder rated at 600 amps or more | | | | | | |
| available fault current exceeds 10,000 Amps at 150 Volts or | | Buildin | gs more tha | n three stor | | | | |
| less to ground exceeds 14,000 Amps for all other | | | s and boat y | ards | | | | |
| 14,000 Allips for all other | | | g buildings | relacitional | | | | |
| Fire pumps | Ш | buildin | ercial-use a gs | gricultural | | | | |
| Emergency systems | | | ation of a 15 | | | | | |
| Addition of a new motor load of 100 HP or more | | | larger seperately derived sys "A", "E", or "I-2" or "I-3" | | | | | |
| Six or more residential units in one structure | | Recreational Vehicle Parks | | | | | | |
| Health care facilities | | Supply voltage for more than 600 supply volts nominal | | | | | | |
| FEE SC | HE | DULE | | | | | | |
| Description | | Qty. | Ea. | Total | | | | |
| Branch circuits | | | | | | | | |
| Branch circuits without service or feeder | | 1 | \$81.14 | \$81.14 | | | | |
| Branch circuits each additional circuit without service | | 4 | \$4.26 | \$17.04 | | | | |
| Electrical Permit Fees | | | | enego e se | | | | |
| Subtotal | | | | \$98,18 | | | | |
| State surcharge (12% of permit total) | | | | \$11.78 | | | | |
| TOTAL PERMIT FEE | \exists | | | \$109.96 | | | | |

B 2019 - 3955 Commercial Electrical Authorization To Begin Work 05350-BEL-19-00822

Beaverton, OR 97076

Beaverton Phone: 503-526-2542

Remail: cunderwood@beavertonoregon.gov

12725 SW Milikan Way

Approval Code: 719162 9/19/2019 3:26 pm

| E-ma | ailed | i To: Cl | Epermits: | @cepdx.com | | | | |
|--|-----------|---|-----------------------------|--------------|--|--|--|--|
| PLAN | REV | IEW | | | | | | |
| Please check all that apply: | | Hazardo | ous location | าร | | | | |
| A service or feeder beginning at 400 Amps where the | | A service or feeder rated at 600 amps or more | | | | | | |
| available fault current exceeds 10,000 Amps at 150 Volts or | | Building | js more tha | n three stor | | | | |
| less to ground exceeds | | Marinas | s and boat y | /ards | | | | |
| 14,000 Amps for all other | | | g buildings | | | | | |
| Fire pumps | Г | Comme building | ercial-use a js | gricultural | | | | |
| Emergency systems | | installation of a 150 KVA or | | | | | | |
| Addition of a new motor load of 100 HP or more | | larger seperately derived sys | | | | | | |
| Six or more residential units in one structure | Ē | Recrea | tional Vehi | cle Parks | | | | |
| Health care facilities | | | voltage for pply volts n | | | | | |
| FEESO | CHE | DULE | | | | | | |
| Description | | Qty. | Ea. | Total | | | | |
| Branch circuits | | | | | | | | |
| Branch circuits without service or feeder | | 1 | \$81.14 | \$81.14 | | | | |
| Branch circuits each additional circuit without service | - A CONTA | 2 | \$4.26 | \$8.52 | | | | |
| Electrical Permit Fees | | | ı | I . | | | | |
| Subtotal | | | | \$89.66 | | | | |
| State surcharge (12% of permit | | | | \$10.76 | | | | |

TOTAL PERMIT FEE

\$100.42

| | TYPE OF V | WORK | |
|---|------------------------------------|----------------------|---------------------|
| New Construction | | Addition/alte | eration/replacement |
| CA | TEGORY OF CO | | |
| 1 or 2 family dwelling | | | Accessory |
| | TE INFORMATIO | ON AND LOCAT | ľIÓŇ |
| Job Address: 8775 SW CAS | CADE AVE | | |
| City/State/ZIP: BEAVERTON | OR 97008 | | |
| Suite/bldg./apt.no.: | | | |
| Project Name: Matress HVA | | | |
| Cross Street/directions to jo | b site: | | |
| Tax map/parcel no.: 1S1 | 270000600 | , | |
| | DESCRIPTION | 34,550,000 | |
| Mattress world. Suite 100. I new RTU's were installed. | Replace (3) disconne | ects on RTU's with r | new because |
| | APPLIC | ANT | |
| Name: Capitol Electric | | | |
| Phone: 5032559488 | | Fax: 5032577121 | |
| Email: | | | |
| | CONTRA | | |
| Elec lic. no.: 26-496C | cc | B lic. no.: 48748 | |
| Business Name: CAPITOL I | ELECTRIC CO INC | | |
| Contact: | | | |
| Address: 11401 NE MARX | ST | | |
| City/State/ZIP: PORTLAND | OR 972201041 | | |
| Phone: 5032559488 | | Fax: 5032551966 | |
| Email: DARRELL@CEPDX | СОМ | | |
| Metro lic. no.: | | City lic. no.: | |
| Supervising Electrician's li | c. no.: | | |
| Supervising Electrician's N | ame: | | |
| Number of inspections inc Residential Service: Reconnect Only: All Other Services: | uded in paid servic 4 1 2 | es; | |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

12725 SW Millkan Way

Beaverton, OR 97076

Beaverton
Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

B2019-3954

Residential Electrical Authorization To Begin Work 05350-BEL-19-00823

Approval Code: 819102 9/19/2019 4:20 pm

E-mailed To: drew@protechpdx.com

\$81.14

\$17.04

\$98.18 \$11.78

\$109.96

| | | | E-11 | lanev | 4 10. a | il ow@pro | Compani |
|--|----------------------------------|---------|--|-------|------------------|--------------------------------|------------------|
| The state of the s | TYPE OF WORK | | PLAN | REV | IEW | | |
| New Construction | Addition/alteration/replacement | | Please check all that apply: | | Hazard | lous location | iS |
| CATEGO | RY OF CONSTRUCTION | | A service or feeder beginning at 400 Amps where the | | | ce or feeder nps or more | rated at |
| X 1 or 2 family dwelling Mu | ulti-family Commercial Accessory | | available fault current exceeds 10.000 Amps at 150 Volts or | | Buildin | gs more tha | n three stor |
| JOB SITE INF | ORMATION AND LOCATION | | less to ground exceeds | | Marina | s and boat y | ards |
| Job Address: 14350 SW BONNIE BI | RAE ST | | 14,000 Amps for all other | | | g buildings | |
| City/State/ZIP: BEAVERTON, OR 97 | 005 | | Fire pumps | | Comm building | ercial-use aç gs | jricultural |
| Suite/bldg./apt.no.: | | | Emergency systems Addition of a new motor load | | | ation of a 150 seperately d | |
| Project Name: Driessen | | | of 100 HP or more | | "A", "E | ", or "i-2" or | "I-3" |
| Cross Street/directions to job site: | | | Six or more residential units in one structure | | Recrea | ational Vehic | le Parks |
| 404400000 | 504 | | Health care facilities | | | voltage for apply volts no | |
| Tax map/parcel no.: 1S116CC00 | | | FEES | CHE | JULE | | |
| | CRIPTION OF WORK | | Description | | Qty. | Ea. | Total |
| Kitchen remodel and lighting upgrade | | | Branch circuits | | | | |
| | | | Branch circuits without service or feeder | | 1 | \$81.14 | \$81 |
| Maria (1997) and the state of t | APPLICANT | | Branch circuits each additional circuit without service | | 4 | \$4.26 | \$17 |
| Name: Drew Anderson | | | Electrical Permit Fees | | | T | |
| Phone: 5037806207 | Fax: | | Subtotal | | | | \$98 |
| Email: | | | State surcharge (12% of permit total) | | | | \$1 [.] |
| | CONTRACTOR | | TOTAL PERMIT FEE | | | | \$109 |
| Elec lic. no.: C916 | CCB lic. no.: 198878 | | | | | | |
| Business Name: PRO TECH POWER | R CORP | | | | | | |
| Contact: | | | | | | | |
| Address: PO BOX 988 | | | | | | | |
| City/State/ZIP: DALLAS, OR 97338 | | <u></u> | | | | | |
| Phone: 5037806207 | Fax: 5036236023 | | | | | | |
| Email: ba_acct@msn.com | | | | | | | |
| Metro lic. no.: | City lic. no.: | | | | | | |
| | | | | | | | |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Supervising Electrician's lic. no.: Supervising Electrician's Name:

Residential Service:

Reconnect Only: All Other Services:

Number of inspections included in paid services:

4 1

2

12725 SW Millkan Way Beaverton, OR 97076

Beaverton Phone: 503-526-2542

B 2019-3952 Commercial Electrical Authorization To Begin Work 05350-BEL-19-00821

Approval Code: 019727 9/19/2019 1:51 pm

E-mailed To: anitap@gbmanchester.com

| | TYPE OF | | |
|--|--------------------|---|--------------------|
| New Construction | | - | ration/replacement |
| CA | TEGORY OF C | ONSTRUCTION | |
| 1 or 2 family dwelling | Multi-family | Commercial | Accessory |
| JOB SIT | E INFORMAT | ION AND LOCAT | TON |
| Job Address: 2180 SW 170T | H AVE | | |
| City/State/ZIP: BEAVERTON, | OR 97006 | | |
| Suite/bldg./apt.no.: | | | |
| Project Name: BEAVERTON | SD MAINTENANC | E SERVICES | |
| Cross Street/directions to joi | site: | | |
| | 74400000 | | |
| Tax map/parcel no.: 1S10 | DECORIDIO | N OE WORK | |
| LIMITED ENERGY FOR STR | DESCRIPTIO | Charles and the second | |
| LIMITED ENERGY FOR STR | OUTOINED ONDER | NO TO OTHER WID | |
| • | | | |
| | APPLI | CANT | |
| Name: ANITA PASO | | | |
| Phone: 360-816-0484 | | Fax: 360-573-9866 | |
| Email: | | | |
| | CONTR | ACTOR | |
| Elec lic. no.: CLE368 | C | CB lic. no.: 202097 | |
| Business Name: GB MANCH | ESTER INC | | |
| Contact: | | | |
| Address: A CORPORATION | OF WASHINGTO | N | |
| City/State/ZIP: VANCOUVER | , WA 98665 | | |
| Phone: 3608160484 | | Fax: 3608160482 | |
| Email: BILL.H@GBMANCHE | STER.COM | | |
| Metro lic. no.: | | City lic. no.: | |
| Supervising Electrician's lic. | no.: | | |
| Supervising Electrician's Na | me: | | |
| Number of Inspections Inclu | ded in pald servic | es: | |
| Residential Service: 4 Reconnect Only: 1 | - | | |
| All Other Services: 2 | | | |

| Upon | review | and | approval | by | your | local | Jurisdiction, | your | permit | wiil | þe | e-mailed | or | faxed |
|--------|---------|-------|-------------|------|---------|-------|---------------|--------|----------|------|----|----------|----|-------|
| within | one bus | iness | day, with i | nstr | uctions | on ho | w to schedule | your i | nspectio | n. | | | | |

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

| PLAN REVIEW | | | | | | | |
|---|-----|---|--|--------------|--|--|--|
| Please check all that apply: | | Hazard | lous locatio | ns | | | |
| A service or feeder beginning at 400 Amps where the | | A service or feeder rated at 600 amps or more | | | | | |
| available fault current exceeds 10,000 Amps at 150 Volts or | | Buildin | gs more tha | n three stor | | | |
| less to ground exceeds | | Marina | s and boat | yards | | | |
| 14,000 Amps for all other | | Floatin | g buildings | | | | |
| Fire pumps | | Comm- building | ercial-use a gs | gricultural | | | |
| Emergency systems | | 4 | ition of a 15 | | | | |
| Addition of a new motor load of 100 HP or more | Г | | larger seperately derived sys "A", "E", or "I-2" or "I-3" Recreational Vehicle Parks | | | | |
| Six or more residential units in one structure | | Recrea | | | | | |
| Health care facilities | | | more than ominal | | | | |
| FEE SC | ЭНЕ | DULE | | | | | |
| Description | | Qty. | Ea. | Total | | | |
| Miscellaneous | | | | | | | |
| Signal circuit(s) or limited-energy panel, alteration, or extension | | 1 | \$91.72 | \$91.72 | | | |
| Electrical Permit Fees | | | | | | | |
| Subtotal | | | | \$91.72 | | | |
| State surcharge (12% of permit total) | | | | \$11.01 | | | |
| TOTAL PERMIT FEE | | | | \$102.73 | | | |

B2019 -3951 Residential Electrical Authorization To Begin Work 05350-BEL-19-00820

Approval Code: 039549 9/19/2019 1:30 pm

E-mailed To: AFARIAS@TESLA.COM

| | | | | | | Oity Of Douvertoil |
|-----|---|----|------|-----|----|---|
| \ / | | | | | | 12725 SW Milikan Way |
| MA | | - | | | | Beaverton, OR 97076 |
| W | R | 03 | 1 /4 | ort | or | Phone: 503-526-2542 |
| ٦, | 0 | R | Ε | G | o | 12725 SW Millkan Way Beaverton, OR 97076 Phone: 503-526-2542 Email: cunderwood@beavertonoregon.gov |
| | | | | | | |

| | TYPE OF | WORK | |
|--|-------------------------------------|---------------------|--------------------|
| New Construction | | | ration/replacement |
| | ATEGORY OF C | CONSTRUCTION | |
| 1 or 2 family dwelling | Multi-family | Commercial | Accessory |
| JOB S | ITE INFORMAT | ION AND LOCAT | ION |
| Job Address: 16715 NW M | ISSION OAKS DR | | |
| City/State/ZIP: BEAVERTO | N, OR 97006 | | |
| Suite/bldg./apt.no.: | | | |
| Project Name: | | | |
| Cross Street/directions to J | ob site: | | |
| Tax map/parcel no.: 1N | 131AD01900 | | |
| | DESCRIPTIO | N OF WORK | |
| sub panel for ev charger | | | , |
| | APPLI | CANT | |
| Name: Melissa FARIAS | | | |
| Phone: 5038946903 | | Fax: | |
| Email: | | | |
| | CONTR | ACTOR | |
| Elec lic. no.: C562 | C | CB lic. no.: 180498 | |
| Business Name: TESLA EN | IERGY OPERATIO | NS INC | |
| Contact: | | | |
| Address: 901 PAGE AVE | | | |
| City/State/ZIP: FREMONT, | CA 94538 | | |
| Phone: 6509635100 | | Fax: 8665922249 | |
| Email: businesslicenses@te | esla.com | | |
| Metro lic. no.: | | City lic. no.: | |
| Supervising Electrician's li | c. no.: | | |
| Supervising Electrician's N | lame: | | |
| Number of inspections incl Residential Service: Reconnect Only: All Other Services: | luded in paid servid 4 1 2 | ces: | |

| Upon | review | and | approval | by | your | local | jurisdiction, | your | permit | will | be | e-mailed | or | faxe |
|---|--------|-----|----------|----|------|-------|---------------|------|--------|------|----|----------|----|------|
| Upon review and approval by your local jurisdiction, your permit will be e-t within one business day, with instructions on how to schedule your inspection. | | | | | | | | | | | | | | |

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

| PLANIN | EV | EW | | | | | |
|--|-----|-------------------------------|--|---|--|--|--|
| Please check all that apply: | | Hazard | ous location | ns | | | |
| A service or feeder beginning at 400 Amps where the | | | ce or feede aps or more | | | | |
| available fault current exceeds 10,000 Amps at 150 Volts or | | Buildin | gs more tha | in three stor | | | |
| less to ground exceeds | | Marina | s and boat | yards | | | |
| 14,000 Amps for all other | | Floatin | g buildings | | | | |
| Fire pumps | | Commo | ercial-use a gs | gricultural | | | |
| Emergency systems | | | tion of a 15 | | | | |
| Addition of a new motor load of 100 HP or more | _ | larger seperately derived sys | | | | | |
| Six or more residential units in | 닏 | | "A", "E", or "I-2" or "I-3" Recreational Vehicle Parks | | | | |
| one structure | | Supply voltage for more than | | | | | |
| Health care facilities | Ш | 600 supply volts nominal | | | | | |
| FEE SCI | HEC | ULE | | | | | |
| Description | | Qty. | Ea. | Total | | | |
| Services or feeders | | | | 5 (2 10 10 10 10 10 10 10 10 10 10 10 10 10 | | | |
| Services 200 amps or less | | 1 | \$115.83 | \$115.83 | | | |
| Temp services or feeders | | | | | | | |
| Temp services 200 amps or less | | 1 | \$91.72 | \$91.72 | | | |
| Electrical Permit Fees | | | | | | | |
| Subtotal | | | | \$207.55 | | | |
| State surcharge (12% of permit total) | | | | \$24.91 | | | |
| TOTAL PERMIT FEE | | | | \$232.46 | | | |



Renewable Electrical Energy Permit Application

12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222

| | | o di il di | BeavertonOregon,gov |
|--|-------------------------|---------------------------|--|
| | TYPE | OF WORK | |
| ☐ New construction | Addition/all | teration/replaceme | nt . |
| *************************************** | CATEGORY OF | CONSTRUCTIO | N |
| ■ 1- and 2-family dwelling ■ Multi-family | ☐ Commercia ☐ Other: | Mndustdel | ☐ Accessory building |
| | JOB SITE INFORMA | TION AND LOC | ATION |
| Job no.: | Job address: 8710 | SW Maverio | k Terrace |
| city/State/ZiP: Portland, | OR 97008 | _ |)————————————————————————————————————— |
| Sulte/bldg./apt. no.: | | Project name: (| Cottrell |
| Cross street/directions to job | sile: | | |
| Subdivision: | | Lot no.: | • |
| Tax map/parcel no.: | | | |
| Installation of 4.34kV | | on of work taic system | |
| ■ PROPERTY | OWNER | <u> </u> | ☐ TENANT |
| Name: Carlton Cottrell | | <u> </u> | |
| Address: 8710 SW May | erick Terrace | | |
| City/State/ZiP: Beavertor | i, OR 97008 | · .,,, | |
| Phone: 503-939-7881 | | Fax: | |
| _{E-mail;} carltoncottrell@ | gmall.com | <u> </u> | |
| Owner installation: This inst sale, lease, rent, or exchange Owner signature: | t. | on property that I d | own, which is not intended for |
| William to the first to the same of the sa | CONTRA | CTOB | |
| Business name: Imagine (| | CION | |
| Address: 7001 NE Colu | | | |
| City/state/zip: Portland, C | | | |
| Phone: 5419122390 | | Fax: | |
| E-mail; H.Kearns@imag | nineenerov net | CCB lic. no.: 16 | 7064 |
| | Jinoonorgy.not | | |
| Electrical lic. no.: 509 Supervising electrician signature, required: | 12/11 | City or metro ilc.: | |
| Print name: Grany | Ry Longy ! | | Date: 09/05/19 |
| Authorized signature: //opi | Hr Kur | | |
| Print name: Heath | Kearns | - | Date: 19/15/19 |

OFFICE USE ONLY

| Date Receiver | 09, | /20 | 19 | ermi | t No.: | P3/ | 01 | a | 2 | 5/12 |
|--------------------|-------------|--------------|-------------|-------------|--------|-----|----|---|---|-------------|
| Date Issued: 🤾 | 14 | 10 | E | Зу: | 0 | Ol | 1 | / | | |
| CITY OF BUILDIN | BE/ IG (| AVE DIVIS | RTC SIDI | ZIV avmi | ent Ty | ре: | | , | | |

| FEE SC | HEDULE | - | | |
|---|-----------------|-------|-----|---------------------------------------|
| Number of inspections per item () Renewable energy installation per system total | No. of Items | Co | } | Total |
| 5 kva or less (2) | 1 | 81 | .14 | |
| 5,01 to 15 kva (2) | | 115 | .83 | |
| 15,01 to 25 kva (2) | | 137 | .89 | |
| 26.01 kya and over (2) | | 229 | .34 | · · · · · · · · · · · · · · · · · · · |
| Miscellaneous fees, hourly rate | | 80 | .00 | |
| Each additional inspection (1) (OAR 918-309-0070) | 81.14 | | .14 | |
| PEE TO | TALS | | Rec | einque |
| Check box if plan review is required | Sub | total | | 0.00 |
| Plan review required for system at 25% of Subtotal. No 12% sur review fee. (25% | rcharge on | plan | | |
| State surcharge (129 | % of permit | (ee) | | 0.00 |
| TOTAL | PERMIT | FEE | | \$0.00 |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Form B70-1005

REV 10/17



Electrical Permit Application 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov

| OFFIC | E USE ONLY |
|--------------------------|------------------------|
| Date Received: 9-20-19 | Permit No.: B2019-3966 |
| Date Issued: 9 - 20 - 19 | By: 1K |
| | Payment Type: V)5Q |

| New construction Statistical content Other: CATEGORY. OF CONSTRUCTION CATEGORY. OF CONSTRUCTION CATEGORY. OF CONSTRUCTION CONTENT | CATEGORY OF CON 1- and 2-family dwelling | ISTRUCTION Strial |
|--|--|--|
| CATEGORY OF CONSTRUCTION 1-and 24amily dwelling Commercial/industrial Accessory building Matter builder Other: | CATEGORY OF COMPANIES OF COMPAN | Strial |
| Multi-family | Multi-family | Other: AND LOCATION V 117th Ave. Dject name: Canyon Square . t no.: F WORK new RTU's. TENANT |
| Job no.: Job address: 4130 SW 117th Ave. City/State/ZIP: Beaverton, OR 97005 Suite/bidg/Jept. no.: B,D & E Project name: Canyon Square Cross street/directions to job site: SW Canyon Rd. Subdivision: Lot no.: Tax map/parcel no.: DESCRIPTION OF WORK Disconnecting/reconnecting electrical to new RTU's. PROPERTY OWNER TENANT Name: Address: City/State/ZIP: Phone: Fax: E-mail: Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. Owner signature: Date: APPLICANT CONTACT PERSON Business name: Same as Below. Contact name: Address: City/State/ZIP: Phone: Fax: E-mail: CONTRACTOR Business name: Williamette HVAC L.L.C. Address: 3075 SE Century Blvd. Suite 206 City/State/ZIP: Hillsboro, OR 97123 Phone: (503) 259-3200 Fax: E-mail: mmalstron@williamettehvace CCB lic. no.: 56951 Electrical lic. no.: 34-346CRE City or metro lic.: Supervising electrician Address: Signature, required: Address: Signature, required: Address: Contract Mike Sicard Date: 09/18/19 | Job address: 4130 SN City/State/ZIP: Beaverton, OR 97005 Suite/bldg./apt. no.: B,D & E Pr Cross street/directions to job site: SW Canyon Ro Subdivision: Lo Tax map/parcel no.: DESCRIPTION C Disconnecting/reconnecting electrical to PROPERTY OWNER Name: Address: City/State/ZIP: Phone: Fa E-mail: Owner installation: This installation is being made on pale, lease, rent, or exchange. Owner signature: | V 117th Ave. Dject name: Canyon Square . t no.: F WORK new RTU's. I TENANT |
| City/State/ZIP: Beaverton, OR 97005 Sulte/bidg/apt. no.: B,D & E Cross street/directions to job site: SW Canyon Rd. Subdivision: Lot no.: | City/State/ZIP: Beaverton, OR 97005 Suite/bldg./apt. no.: B,D & E Pr Cross street/directions to job site: SW Canyon RC Subdivision: Lo Tax map/parcel no.: Disconnecting/reconnecting electrical to PROPERTY OWNER Name: Address: City/State/ZIP: Phone: Fa E-mail: Cwner installation: This installation is being made on pale, lease, rent, or exchange. Owner signature: | oject name: Canyon Square . t no.: F WORK new RTU's. |
| Sulterbidg /apt. no.: B,D & E Cross street/directions to job site: SW Canyon Rd. Subdivision: DESCRIPTION OF WORK Disconnecting/reconnecting electrical to new RTU's. PROPERTY OWNER PROPERTY OWNER Fax: City/State/ZIP: Phone: APPLICANT Business name: Same as Below. Contact name: Address: City/State/ZIP: Phone: City/State/ZIP: Phone: Contract person E-mail: Contract name: Address: City/State/ZIP: Phone: City/State/ZIP: Phone: Contact name: Address: City/State/ZIP: Phone: E-mail: Contact name: Address: City/State/ZIP: Phone: E-mail: Contract person Fax: City/State/ZIP: Phone: Fax: E-mail: Contract person Fax: City/State/ZIP: Phone: E-mail: Contract person Fax: City or netro lic: City or netro lic: Supervising electrician Signature, required: Mike Sicard Date: O9/18/19 | Suite/bidg./apt. no.: B,D & E Cross street/directions to job site: SW Canyon RC Subdivision: Tax map/parcel no.: DESCRIPTION C DISCONNECTING/reconnecting electrical to PROPERTY OWNER Name: Address: City/State/ZIP: Phone: E-mail: Owner installation: This installation is being made on pale, lease, rent, or exchange. Owner signature: | F WORK new RTU's. TENANT |
| Cross street/directions to job site: SW Canyon Rd. Subdivision: Tax map/parcal no.: DESCRIPTION OF WORK Disconnecting/reconnecting electrical to new RTU's. PROPERTY OWNER TENANT Name: Address: City/State/ZIP: Phone: Fax: Contract name: Address: City/State/ZIP: Phone: APPLICANT CONTACT PERSON Business name: Same as Below. Contact name: Address: City/State/ZIP: Phone: Fax: City/State/ZIP: Phone: Fax: Contract name: Address: City/State/ZIP: Phone: E-mail: CONTRACTOR Business name: Willamette HVAC L.L.C. Address: 3075 SE Century Blvd. Suite 206 City/State/ZIP: Hillsboro, OR 97123 Phone: (503) 259-3200 Fax: CCB lic. no.: 56951 Electrical lic. no.: 34-346CRE City or metro lic.: Supenvising electrician signature, required: Mike Sicard Date: 09/18/19 | Cross street/directions to job site: SW Canyon RC Subdivision: Tax map/parcel no.: DESCRIPTION CO DISCONNECTING/reconnecting electrical to PROPERTY OWNER Name: Address: City/State/ZIP: Phone: E-mail: Owner installation: This installation is being made on pale, lease, rent, or exchange. Owner signature: | F WORK new RTU's. TENANT |
| Subdivision: Tax map/parcel no.: DESCRIPTION OF WORK Disconnecting/reconnecting electrical to new RTU's. PROPERTY OWNER TENANT Name: Address: City/State/ZIP: Phone: E-malt: Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. Owner signature: Date: Date: Date: CONTACT PERSON Business name: Same as Below. Contact name: Address: City/State/ZIP: Phone: E-mall: CONTRACTOR Business name: Willamette HVAC L.L.C. Address: 3075 SE Century Blvd. Suite 206 City/State/ZIP: Hillsboro, OR 97123 Phone: (503) 259-3200 Fax: E-mall: mmalstrom@willamettehvace City or metro lic.: Supervising electrician signature, required: Print name: Mike Sicard Date: 09/18/19 | Subdivision: Tax map/parcel no.: Description of the property owner. PROPERTY OWNER Name: Address: City/State/ZIP: Phone: E-mail: Cwner installation: This installation is being made on pale, lease, rent, or exchange. Owner signature: | F WORK new RTU's. TENANT x: |
| Tax map/parcel no.: DESCRIPTION OF WORK | Tax map/parcel no.: Disconnecting/reconnecting electrical to PROPERTY OWNER Name: Address: City/State/ZIP: Phone: E-mail: Owner installation: This installation is being made on pale, lease, rent, or exchange. Owner signature: | F WORK new RTU's. TENANT x: |
| DESCRIPTION OF WORK Disconnecting/reconnecting electrical to new RTU's. PROPERTY OWNER TENANT | Disconnecting/reconnecting electrical to PROPERTY OWNER Name: Address: City/State/ZIP: Phone: E-mail: Cwner installation: This installation is being made on pale, lease, rent, or exchange. Owner signature: | new RTU's. TENANT x: |
| Disconnecting/reconnecting electrical to new RTU's. PROPERTY OWNER | Disconnecting/reconnecting electrical to PROPERTY OWNER Name: Address: City/State/ZIP: Phone: E-mail: Owner installation: This installation is being made on pale, lease, rent, or exchange. Owner signature: | new RTU's. TENANT X: |
| PROPERTY OWNER TENANT | PROPERTY OWNER Name: Address: City/State/ZIP: Phone: E-mail: Owner installation: This installation is being made on sale, lease, rent, or exchange. Owner signature: | ▼ TENANT |
| PROPERTY OWNER TENANT | PROPERTY OWNER Name: Address: City/State/ZIP: Phone: E-mail: Owner installation: This installation is being made on sale, lease, rent, or exchange. Owner signature: | ▼ TENANT |
| Name: Address: City/State/ZIP: Phone: E-mail: Comer Installation: This Installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. Owner signature: Date: Date: Date: CONTACT PERSON Business name: Same as Below. Contact name: Address: City/State/ZIP: Phone: Fax: E-mail: CONTRACTOR Business name: Willamette HVAC L.L.C. Address: 3075 SE Century Blvd. Suite 206 City/State/ZIP: Hillsboro, OR 97123 Phone: (503) 259-3200 Fax: E-mail: mmalstrom@willamettehvace CCB lic. no.: 56951 Electrical lic. no: 34-346CRE Supervising electrician signature, required: Print name: Mike Sicard Date: 09/18/19 | Name: Address: City/State/ZIP: Phone: E-mail: Owner installation: This installation is being made on sale, lease, rent, or exchange. Owner signature: | x: |
| Address: City/State/ZIP: Phone: E-mail: Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. Owner signature: Date: Date: CONTACT PERSON Business name: Same as Below. Contact name: Address: City/State/ZIP: Phone: Fax: E-mail: CONTRACTOR Business name: Willamette HVAC L.L.C. Address: 3075 SE Century Blvd. Suite 206 City/State/ZIP: Hillsboro, OR 97123 Phone: (503) 259-3200 Fax: E-mail: mmalstrom@willamettehvage CCB lic. no.: 56951 Electrical lic. no.: 34-346CRE Supervising electrician signature, required: Print name: Mike Sicard Date: 09/18/19 | Address: City/State/ZIP: Phone: E-mail: Owner installation: This installation is being made on pale, lease, rent, or exchange. Owner signature: | |
| City/State/ZIP: Phone: E-mail: Cowner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. Owner signature: Date: Date: Contact person Business name: Same as Below. Contact name: Address: City/State/ZIP: Phone: Fax: E-mail: CONTRACTOR Business name: Willamette HVAC L.L.C. Address: 3075 SE Century Blvd. Suite 206 City/State/ZIP: Hillsboro, OR 97123 Phone: (503) 259-3200 Fax: E-mail: mmalstrom@willamettehvaq. CCB lic. no.: 56951 Electrical lic. no.: 34-346CRE Supervising electrician signature, required: Print name: Mike Sicard Date: 09/18/19 | City/State/ZIP: Phone: E-mail: Owner installation: This installation is being made on pale, lease, rent, or exchange. Owner signature: | |
| Phone: E-mail: Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. Owner signature: Date: Date: DAPPLICANT CONTACT PERSON Business name: Same as Below. Contact name: Address: City/State/ZIP: Phone: Fax: E-mail: CONTRACTOR Business name: Willamette HVAC L.L.C. Address: 3075 SE Century Blvd. Suite 206 City/State/ZIP: Hillsboro, OR 97123 Phone: (503) 259-3200 Fax: E-mail: mmalstrom@willamettehvaq CCB lic. no.: 56951 Electrical lic. no.: 34-346CRE Supervising electrician signature, required: Print name: Mike Sicard Date: 09/18/19 | Phone: E-mail: Owner installation: This installation is being made on pale, lease, rent, or exchange. Owner signature: | |
| E-mail: Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. Owner signature: Date: Date: Date: CONTACT PERSON Business name: Same as Below. Contact name: Address: City/State/ZIP: Phone: Fax: E-mail: CONTRACTOR Business name: Willamette HVAC L.L.C. Address: 3075 SE Century Blvd. Suite 206 City/State/ZIP: Hillsboro, OR 97123 Phone: (503) 259-3200 Fax: E-mail: mmalstrom@willamettehvaq CCB lic. no.: 56951 Electrical lic. no.: 34-346CRE Supervising electrician signature, required: Print name: Mike Sicard Date: 09/18/19 | E-mail: Owner installation: This installation is being made on pale, lease, rent, or exchange. Owner signature: | |
| Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. Owner signature: Date: Date: CONTACT PERSON Business name: Same as Below. Contact name: Address: City/State/ZIP: Phone: Fax: E-mail: CONTRACTOR Business name: Willamette HVAC L.L.C. Address: 3075 SE Century Blvd. Suite 206 City/State/ZIP: Hillsboro, OR 97123 Phone: (503) 259-3200 Fax: E-mail: mmalstrom@willamettehvaor CCB lic. no.: 56951 Electrical lic. no.: 34-346CRE Supervising electrician signature, required: Print name: Mike Sicard Date: 09/18/19 | Owner installation: This installation is being made on pale, lease, rent, or exchange. Owner signature: | roperty that Lown, which is not intended for |
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| Business name: Same as Below. Contact name: Address: City/State/ZIP: Phone: E-mail: CONTRACTOR Business name: Willamette HVAC L.L.C. Address: 3075 SE Century Blvd. Suite 206 City/State/ZIP: Hillsboro, OR 97123 Phone: (503) 259-3200 E-mail: mmalstrom@willamettehvac CCB lic. no.: 56951 Electrical lic. no.: 34-346CRE Supervising electrician signature, required: Print name: Mike Sicard Date: 09/18/19 | | CONTACT PERSON |
| Contact name: Address: City/State/ZIP: Phone: Fax: E-mail: CONTRACTOR Business name: Willamette HVAC L.L.C. Address: 3075 SE Century Blvd. Suite 206 City/State/ZIP: Hillsboro, OR 97123 Phone: (503) 259-3200 Fax: E-mail: mmalstrom@willamettehvao E-mail: mmalstrom@willamettehvao CCB lic. no.: 56951 Electrical lic. no.: 34-346CRE Supervising electrician signature, required: Print name: Mike Sicard Date: 09/18/19 | Business name: Same as Below. | |
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| City/State/ZIP: Phone: E-mail: CONTRACTOR Business name: Willamette HVAC L.L.C. Address: 3075 SE Century Blvd. Suite 206 City/State/ZIP: Hillsboro, OR 97123 Phone: (503) 259-3200 Fax: E-mail: mmalstrom@willamettehvao E-mail: no:: 34-346CRE Supervising electrician signature, required: Print name: Mike Sicard Date: 09/18/19 | | |
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| Business name: Willamette HVAC L.L.C. Address: 3075 SE Century Blvd. Suite 206 City/State/ZIP: Hillsboro, OR 97123 Phone: (503) 259-3200 Fax: E-mail: mmalstrom@willamettehvac CCB lic. no.: 56951 Electrical lic. no.: 34-346CRE City or metro lic.: Supervising electrician signature, required: Local Color of the C | 1 13010. | and the second s |
| Business name: Willamette HVAC L.L.C. Address: 3075 SE Century Blvd. Suite 206 City/State/ZIP: Hillsboro, OR 97123 Phone: (503) 259-3200 Fax: E-mall: mmalstrom@willamettehvace CCB lic. no.: 56951 Electrical lic. no.: 34-346CRE City or metro lic.: Supervising electrician signature, required: Print name: Mike Sicard Date: 09/18/19 | |)R |
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| City/State/ZIP: Hillsboro, OR 97123 Phone: (503) 259-3200 Fax: E-mail: mmalstrom@willamettehvao Electrical lic. no.: 34-346CRE City or metro lic.: Supervising electrician signature, required: Print name: Mike Sicard Date: 09/18/19 | | 06 |
| Phone: (503) 259-3200 Fax: E-mall: mmalstrom@willamettehvao CCB lic. no.: 56951 Electrical lic. no.: 34-346CRE City or metro lic.: Supervising electrician signature, required: Print name: Mike Sicard Date: 09/18/19 | | |
| E-mail: mmalstrom@willamettehvao Electrical lic. no.: 34-346CRE Supervising electrician signature, required: Print name: Mike Sicard CCB lic. no.: 56951 City or metro lic.: Date: 09/18/19 | | эх: |
| Electrical lic. no.: 34-346CRE City or metro lic.: Supervising electrician signature, required: Print name: Mike Sicard Date: 09/18/19 | | |
| Supervising electrician signature, required: Print name: Mike Sicard Date: 09/18/19 | | |
| Print name: Date. | Supervising electrician | ., |
| war | Print name: Mike Sicard | Date: 09/18/19 |
| Authorized signature: Michael Malottan | m: 1 1 m 1 + | ~~ |
| Michael Maletrom 09/18/19 | Print name: Michael Malstrom | |

| Paym | ent Type: | VIJ | ч. | | | |
|---|---|----------------------|----------------|-----------|--|--|
| [BEST AND | REVIEW | • | | | | |
| Please check all that apply: | | | r over 600 amp | s | | |
| Service or feeder 400amps | ☐ Build | ding over th | rree stories | | | |
| or more | | nas and bo | | | | |
| Fire pump | | ting buildin | | | | |
| ☐ Emergency system ☐ Addition of new motor | | imerciai-us lings | e agricultural | | | |
| load of 100HP or more | | | 0 KVA or large | - | | |
| Six or more residential units | sepa | rately deriv | ed system | | | |
| ☐ Health-care facilities | | | 3" occupancy | | | |
| ☐ Hazardous locations FEE S | | | ehicle parks | | | |
| Description PEE 5 | Total | A | | | | |
| Residential single- or multi-fan | Qty. nily dwei | Fee ling unit | | | | |
| Includes attached garage | | | | | | |
| 1,000 sq. ft. or less | | 194.64 | | 4 | | |
| Ea. add'l 500 sq. ft. or portion | | 34.77 | | | | |
| Limited energy, residential (with above sq. ft.) | | 46.42 | | 2 | | |
| Limited energy, multi-family | — | 91.72 | | 2 | | |
| residential (with above sq. ft.) | <u> </u> | | | _ | | |
| Services or feeders installation | n, alterati | 1 | relocation | | | |
| 200 amps or less | | 115.83 | | 2 | | |
| 201 amps to 400 amps | _ | 137.89 | | 2 | | |
| 401 amps to 600 amps | | 229.34 | | 2 | | |
| 601 amps to 1,000 amps | | 299.93 | | 2 | | |
| Over 1,000 amps or volts | | 690.22 | | 2 | | |
| Utility reconnect | | 91.72 | | 1 | | |
| Temporary services or feeders | Installa | tion, aiter | ation, and/or | | | |
| relocation 200 amps or less | | 91.72 | | 2 | | |
| | | 127.41 | | | | |
| 201 amps to 400 amps | | 184.11 | | 2 | | |
| 401 amps to 600 amps | | 225.29 | | 2 | | |
| 601 amps to 1,000 amps Branch circuits – new, alterati | | | or nanol | | | |
| A. Fee for branch circuits with | Jii, Oi ex | terratori, p | os parier | 111313131 | | |
| above service or feeder fee, | | 4.26 | | 2 | | |
| each branch circuit | | | | | | |
| B. Fee for branch circuits without service or feeder fee | . 1 | 81.14 | 81.14 | 2 | | |
| first branch circuit | <u>'</u> | J | | Ĺ | | |
| Each add'i branch circuit | 2 | 4.26 | 8.52 | L | | |
| Miscellaneous (service or feed | ier not ir | icluded) | | | | |
| Each manufactured or modular | | 91.72 | | 2 | | |
| dwelling, service, and/or feeder | | 91.72 | | 2 | | |
| Pump or irrigation circle | | 91.72 | | 2 | | |
| Sign or outline lighting Signal circuit(s) or limited-energ | . | 31.12 | | | | |
| panel, alteration, or | ' | 91.72 | | 2 | | |
| extension. Describe: | | 01.12 | | | | |
| | | - | | | | |
| Each additional inspection over allowable in any of the | A S | | | [| | |
| above | 25 | | | | | |
| Per inspection | | 81.14 | | | | |
| Investigation fee | _ | 1 | | | | |
| Other: | | | | | | |
| Electrical permit fees | | | | | | |
| | BTOTAL | | <u> </u> | 9.66 | | |
| | | | <u> </u> | J.00 | | |
| Plan review (25 | o% of pe | rmit fee) | | | | |
| State surcharge (12 | 2% of pe | ermit fee) | 1 | 0.76 | | |
| | | MIT FEE | \$100.42 | | | |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Number of inspections allowed per permit.
Form 870-1002

REV 10/17



Print name:

Electrical Permit Application
127.25 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

| OFFIC | E USE ONLY |
|----------------|--------------------|
| Date Received: | Permit NB 309-3963 |
| Date Issued: | (b) |
| | Payment Type: |

| • | | BeavertonOregon.gov | | | | | | - منشور |
|--|--|--|--|--|-------------|------------------------------|---|--------------|
| romano agricultura de la companya de | TYPE OF | WORK | | | REVIEW | | | |
| ☐ New construction | Addition/altera | tion/replacement | | | | | over 600 amp ree stories | 25 |
| | Other: | | | or more | ☐ Marina | as and bo | atyards | |
| | CATEGORY OF C | ONSTRUCTION | | | | ng building rercial-use | gs e agricultural | i |
| 1- and 2-family dwelling | Commercial/in | | g.· | ☐ Addition of new motor | buildir | ngs | • | |
| ☐ Multi-family | ☐ Master builder | | | load of 100HP or more Six or more residential units | | ation of 150 stely derive |) KVA orlange kd system | r |
| | OB SITE INFORMATION | | | ☐ Health-care facilities | 🗆 "A, "E | ,"" -2," " -3 | occupancy | |
| Job no.: | Job addres하나 831 | SW Teal Blvd | | Hazardous locations FEE SC | | | hicle parks | |
| City/State/ZIP: Beave | erton, OR 97007 | | | Description | Qty. | Fee | Total | • |
| Suite/bldg./apt. no.: | | Project name: Murray Hill Vet | Clinic | Residential single- or multi-famil | ly dwellir | ng unit | | |
| Cross street/directions to job | site: | | | 1,000 sq. ft. or less | | 194.64 | | 4 |
| | · · · · | 1 -1 | | Ea, add'i 500 sq. ff. or portion | | 34.77 | | |
| Subdivision: | | Lot no.: | | Limited energy, residential (with above sq. ft.) | | 46.42 | | 2 |
| Tax map/parcel no.: | | | | Limited energy, multi-family | | 91.72 | | 2 |
| | DESCRIPTION | OF WORK | | residential (with above sq. ft.) Services or feeders installation, | alteratio | | relocation | |
| (1) Ckt for pole light | relocation | t territoria de la compansa de la c | | 200 amps or less | | 115.83 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 2 |
| (1) ove inclining lifting | i CiOGANON | | | 201 amps to 400 amps | | 137.89 | | 2 |
| ☐ PROPERTY | OWNER | ☐ TENANT | | 401 amps to 800 amps | | 229.34 | | 2 |
| Name: | | | | 601 amps to 1,000 amps | | 299.93 | | 2 |
| Indite. | | to the state of th | Over 1,000 amps or volts | | 690.22 | | 2 | |
| Address: | | | | Utility reconnect Temporary services or feeders i | netallatio | 91,72 | tion, and/or | 1 |
| City/State/ZIP: | · | | | relocation | notannu. | ari dirara | non, anaroi | |
| Phone: | A | Fax: | Accessive Frances-Language of Linearity Control 1 | 200 amps or less | 1 1 | 91.72 | ···· | 2 |
| A CONTRACT OF THE PROPERTY OF | distriction of the second of t | Name of the Control o | | 201 amps to 400 amps | | 127.41 | | 2 |
| E-mail: | | | | 401 amps to 600 amps | | 184,11 225,29 | | 2 |
| | | n property that I own, which is not int | ended for | 601 amps to 1,000 amps Branch circuits – new, alteration | | | e panal | Ļ |
| Sale, lease, rent, or exchange Owner signature: | | Date: | | A. Fee for branch circuits with above service or feeder fee, | | 4.26 | | 2 |
| ☐ APPLIC | ANT | ☐ CONTACT PERSO |)N | each branch circuit B. Fee for branch circuits | | | | |
| Business name: | | | | without service or feeder fee, first branch circuit | 1 | 81.14 | 81.14 | 2 |
| Contact name: | الله الله الله الله الله الله الله الله | | yagingi faabijaya di Yali'alibiliki Ma'Pa'la'dibanda wa | Each add'i branch circuit | | 4.26 | | |
| | and the state of t | the state of the s | | Miscellaneous (service or feede | r not inc | luded) | | · |
| Address: | | | | Each manufactured or modular dwelling, service, and/or feeder | | 91.72 | | 2 |
| City/State/ZIP: | | | | Pump or irrigation circle | | 91.72 | | 2 |
| Phone: | | Fax | | Sign or outline lighting | | 91.72 | <u></u> | 2 |
| E-mail: | <u> </u> | <u> </u> | | Signal circuit(s) or limited energy panel, alteration, or | | 04.70 | | ١. |
| с-иан. | | | | extension. Describe: | | 91.72 | | 2 |
| | CONTRAC | ion | | Each additional inspection | | | · · · · · · · · · · · · · · · · · · · | T |
| | ectric, Inc. | | | over allowable in any of the | | | | |
| | NE St Johns Rd | | | Per Inspection | ╂┈┤ | 81,14 | | + |
| City/State/ZIP: Vanco | uver WA 98665 | | | Investigation fee | + | ↓ 1, 1=1 | | † |
| Phone: (360) 887-78 | 89 | Fax | | Other: | | | | |
| E-mail: jconsiglio@jc | | CCB lic. no.: 118452 | | Electrical permit fees | | | ļ | Ĺ |
| | | | | SUB | TOTAL | | . 8 | 31. |
| Electrical lic. no.: 37-7: | 240 | City or metro lic.: 5108 | | Plan review (25% | % of pen | nit fee) | | _ |
| Supervising electrician signature, required: | 1011 | | | State surcharge (129 | % of pen | nit fee) | | 9. |
| lon Cou | liraore 4289 | S Date: 09/16/ | 19 | | L PERM | | | 0. |
| Print name: 3011 000 | 7.5.5 | - Loate: | | | | | | |
| Authorized signature: | | the state of the s | in and the second secon | This permit application expires 180 days after it has be | | | | retti |

Date

180 days after it has been accepted as complete
Number of inspections allowed per permit
Form 870-1002 REV 10/17



Electrical Permit Application
12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

BeavertonOregon.gov

| | OFFICE USE ONLY | | | | |
|---|------------------------|-------------------------|--|--|--|
| | Date Recoived: 9-19-19 | Permit No.: B 2019-3947 | | | |
| | Date lesuod: 9-19-19 | By: ML | | | |
| İ | | Payment Type: ViSc | | | |

| | TYPE O | | | | | |
|--|--|--------------------|---|--|--|--|
| New construction | | | | | | |
| eran inggrand the same | Othor: | CONSTRUCTION | 1, | | | |
| 1- and 2-family dwelling | | | Accessory building | | | |
| ☐ Multi-family | ☐ Multi-family ☐ Master builder ☐ Other; | | | | | |
| | IOB SITÉ INFORMAT | 4-14-4-14-14-1 | | | | |
| Job no.: | Job address: 1232 | 5 SW Horizo | n Blvd | | | |
| city/state/ZIP: Beaver | on, OR 97007 | _ | | | | |
| Suite/bidg./apt. no.: Ste | 31 | Project name: [| Deka Lash | | | |
| Cross street/directions to job | site: | | | | | |
| Subdivision; | | Lot no.: | 11.00.000000000000000000000000000000000 | | | |
| Tax map/percol no.: | | | | | | |
| | DESCRIPTIO | N OF WORK | | | | |
| | Sign Ci | rcuit | | | | |
| □ PROPERTY | OWNER | | TENANT | | | |
| Name: Deka Lash | | | | | | |
| Address: 12325 SW H | orizon Blvd Ste | 31 | | | | |
| city/state/ZIP: Beaverto | n, OR 97007 | | | | | |
| Phone: | 100 | Fex: | | | | |
| E-mail: | AASIMAMUU 17. | | | | | |
| | | on property that t | own, which is not intended for | | | |
| sale, lease, rent, or exchange Owner signature: | э. | | Date: | | | |
| | 5 . 42 | (" | CONTACT PERSON | | | |
| APPLIC | | 120 | CONTACT PERSON | | | |
| Business name: Hannal | | | | | | |
| Contact name: Dave La | | | | | | |
| Address: 1660 SW Be | | ALIMINATION | | | | |
| City/State/ZIP: Portland, | OR 97219 | Y | All | | | |
| Phone: (503) 946-837 | 3 | Fax: (503) 2 | 06-4900 | | | |
| E-mail: davel@hannal | | | | | | |
| | CONTRA | CTOR | | | | |
| Business name: Hannal | n Sign Systems | | · · · · · · · · · · · · · · · · · · · | | | |
| Address: 1660 SW Be | rtha Blvd | <u> </u> | | | | |
| City/State/ZIP: Portland | , OR 97219 | | · | | | |
| Phone: (503) 946-837 | ′3 | Fax: (503) 2 | 06-4900 | | | |
| E-mail: davel@hanna | hsignsystems a | CCB lie, no.: | 203638 | | | |
| Electrical filo, no.: CLS | 4 / | City or metro lic | 11533 | | | |
| Supervising electricism signature, required: | TO MILE | 1 | | | | |
| Print name: Dave Dam | uth | <u> </u> | Dato: PA 9 16 | | | |
| Authorized alginature: | /\ | ! | - 6 - 6 - | | | |
| Print name: Dave Lang | here \ | | Date: 4 19119 | | | |

| | | | | 434 | |
|--|---|------------------------------|---------------------------------------|--|--|
| PLAN | REVIEW | V | in tale. | | |
| Please check all that apply: | Ser | tce or feeds | голег 600 вф | ips | |
| Service or feeder 400 amps | | | rce stories | | |
| ot Wote | | inas and bi | | | |
| Fire pump | | stluð philidis | | | |
| ☐ Emorgency system | | ings Jings | ie agriculturi | 31 | |
| Addition of new motor | | | o KVA orlang | or | |
| Six or more residential units | 8808 | arately deriv | ed avetom | • | |
| Health-care facilities | \square | "Ē." "I-2," [*] I-4 | 3" occupancy | | |
| ☐ Hezerdous locations | ☐ Rec | reational v | ehicle parka | | |
| FEE 8 | CHEDUL | E | | | |
| Description | Qty. | Fee | Total | • | |
| Residential single- or multi-fam | illy dwel | ling unit | | | |
| Includes attached garage | ناون ن | | | <u> </u> | |
| 1,000 sq. ft. or ioss | | 194.64 | | 4 | |
| Ea. add'i 500 sq. ft. or portion | | 34.77 | | | |
| Limited energy, residential | 1 | 46,42 | | 2 | |
| (with above sq. ft.) | | ļ | | | |
| Limited energy, multi-family residential (with above sq. ft.) | 1 | 91.72 | | 2 | |
| Services or feeders installation | . nithret | lon, anti/o | relocation | | |
| 200 amps or less | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 115.83 | | 2 | |
| | - | 137.89 | *** | 2 | |
| 201 amps to 400 amps | | 229.34 | | - | |
| 401 amps to 600 amps | ļ | | | 2 | |
| 601 amps to 1,000 amps | _ | 299,93 | | 2 | |
| Over 1,000 amps or volte | | 690.22 | | 2 | |
| Utility reconnect | T- | 91.72 | | 1 | |
| Temporary services or feeders | installa | ilon, altere | tion, and/o | | |
| relocation | <u> </u> | <u> </u> | | | |
| 200 amps of less | | 91.72 | | 2 | |
| 201 amps to 400 amps | | 127.41 | | 2 | |
| 401 amps to 600 amps | ĺ | 1 <u>84,11</u> | | 2 | |
| 601 amps to 1,000 amps | | 225.29 | | 2 | |
| Branch circulta - new, alteratio | n, or ex | tenelőn, p | er panel | | |
| A. Fee for branch circuits with | | 1 | , , , , , , , , , , , , , , , , , , , | 1 | |
| above service of feeder fee. | - | 4.26 | | 2 | |
| each branch circuit | | | | | |
| B. Fee for branch circuits without service or feedor fee, | | 81.14 | | 2 | |
| first branch circuit | | _ ,,,, | | | |
| Each add'I branch circuit | | 4.26 | | | |
| Miscellandous (sérvice or feed | er not in | cluded) | garaite se | | |
| Each manufactured or modular | | 91.72 | | 2 | |
| dwelling, sorvice, and/or feeder | | | , | | |
| Pump or infigation circle | | 91.72 | | 2 | |
| Sign or outline lighting | | 91.72 | | 2 | |
| Signal circuit(s) or limited-energy | | | | | |
| panel, alteration, of | | 91.72 | | 2 | |
| extension, Describe: | | - , | | | |
| States and other transfer than the state of the | - | 1 | | | |
| Each additional inspection over allowable in any of the | | | | 1 | |
| uposa sicomonicini and or me | : 1 | | | 1 | |
| · · · · · · · · · · · · · · · · · · · | | 81,14 | | + | |
| Per inspection | | 01.14 | | 1 | |
| Investigation fea | - | | | | |
| Other: | | <u></u> | | | |
| Electrical parmit fees | | | | $oldsymbol{ol}}}}}}}}}}}}}}}}}}$ | |
| The state of the s | | | | 0.00 | |
| Marie Carlos Car | | | | | |
| Plan (eview (25% of permit fee) | | | | | |
| State surcharge (12) | State surcharge (12% of permit fee) 0.0 | | | | |
| | 1114 | NT FEE | 4100- | 72 | |
| IOIA | r r CKO | m) cee | DIUX. | $I \bigcirc$ | |

180 days after it has been accepted as complete
Number of inspections allowed per permit.
Form 070-1002

B2019-3942

City Of Beaverton

Beaverton, OR 97076

Beaverton Phone: 503-526-2542

R E G O N Email: cunderwood@beavertonoregon.gov

12725 SW Milikan Way

Commercial Electrical Authorization To Begin Work 05350-BEL-19-00817

Approval Code: 06949Z 9/19/2019 7:02 am

E-mailed To: portlandpermits@cochraninc.com

| | TYPE OF WORK | | |
|--|--|--|--|
| New Construction | X Addition/alteration/replacement | | |
| and the same regarded to the | CATEGORY OF CONSTRUCTION | | |
| 1 or 2 family dwelling | ☐ Multi-family ☒ Commercial ☐ Accessory | | |
| JOB | SITE INFORMATION AND LOCATION | | |
| Job Address: 15901 SW | JENKINS RD | | |
| City/State/ZIP: BEAVERTO | ON, OR 97006 | | |
| Suite/bldg./apt.no.: | | | |
| Project Name: Costco Alo | ha | | |
| Cross Street/directions to | job site: | | |
| Tax map/parcel no.: 1 | S105CC00402 | | |
| | DESCRIPTION OF WORK | | |
| WO49079 PM521 Costco Relocate cardboard and pl 3 phase circuits Bill Edwards is Electrician | Aloha astic compactors in loading dock / provide two new 480v | | |
| | APPLICANT | | |
| Name: Stephanie Swenso | n | | |
| Phone: 9712054256 | Fax: 9712054268 | | |
| Email: | | | |
| | CONTRACTOR | | |
| Elec lic. no.: 37-546C | CCB lic. no.: 72942 | | |
| Business Name: COCHR | AN INC | | |
| Contact: | | | |
| Address: 7550 SW TECH CENTER DRIVE #220 | | | |
| City/State/ZIP: TIGARD, C | DR 97223 | | |
| Phone: 9712054242 | Fax: 9712054268 | | |
| Email: MGROGAN@COC | CHRANINC.COM | | |
| Metro lic. no.: | City lic. no.: | | |
| Supervising Electrician's | lic. no.: | | |
| Supervising Electrician's | Name: | | |
| Number of inspections in Residential Service: Reconnect Only: | ncluded in paid services: 4 1 2 | | |

Upon review and approval by your local jurisdiction, your permit will be e-malled or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

| PLAN REVIEW | | | | | | |
|---|---|--|------------------------------------|---------|--|--|
| Please check all that apply: | | Hazardous locations | | | | |
| A service or feeder beginning at 400 Amps where the | | A service or feeder rated at 600 amps or more | | | | |
| available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | | Buildin | ngs more than three stor | | | |
| | Marinas and boat yards | | | | | |
| | | Floating buildings | | | | |
| Fire pumps | | Comm buildin | nmercial-use agricultural dings | | | |
| Emergency systems | | | ition of a 15 | 3 | | |
| Addition of a new motor load of 100 HP or more | | larger seperately derived sys "A", "E", or "I-2" or "I-3" Recreational Vehicle Parks | | | | |
| Six or more residential units in one structure | | | | | | |
| Health care facilities | Supply voltage for more than 600 supply volts nominal | | | | | |
| FEE SC | HE | DULE | | | | |
| Description | | Qty. | Ea. | Total | | |
| Branch circuits | | | | | | |
| Branch circuits without service or feeder | | 1 | \$81.14 | \$81.14 | | |
| Branch circuits each additional circuit without service | | 1 | \$4.26 | \$4.26 | | |
| Electrical Permit Fees | | | | | | |
| Subtotal | | | | \$85.40 | | |
| State surcharge (12% of permit total) | | | | \$10.25 | | |
| TOTAL PERMIT FEE | | | | \$95.65 | | |

BQ019-3943
Commercial Electrical Authorization To Begin Work
05350-BEL-19-00818

12725 SW Millikan Way
Beaverton, OR 97076

Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

Approval Code: 00564G 9/19/2019 7:25 am

E-mailed To: crystalr@westsideelectric.com

| TYPE OF WORK | |
|---|---|
| ☐ New Construction ☐ Addition/alteration/replacement | Please check a |
| CATEGORY OF CONSTRUCTION 1 or 2 family dwelling Multi-family Commercial Accessory JOB SITE INFORMATION AND LOCATION | A service of at 400 Amp available for 10,000 Amp less to ground |
| Job Address: 10300 SW ALLEN BLVD | 14,000 Am |
| City/State/ZIP: BEAVERTON, OR 97005 | Fire pumps |
| Sulte/bldg./apt.no.: | Emergency Addition of |
| Project Name: P03766-EPIQ SYSTEMS | of 100 HP |
| Cross Street/directions to job site: | Six or more one structu |
| Tax map/parcel no.: 1S123BB00300 | |
| DESCRIPTION OF WORK | Description |
| POWER FOR PRINTER UPGRADES | Branch circui |
| | Branch circuits feeder |
| APPLICANT | Branch circuits circuit without |
| Name: CRYSTAL KREGER | Electrical Per |
| Phone: 5032311548 Fax: | Subtotal |
| Email: | State surcharg total) |
| CONTRACTOR | TOTAL PERM |
| Elec lic. no.: 26-135C CCB lic. no.: 13306 | |
| Business Name: WEST SIDE ELECTRIC COMPANY INC | |
| Contact: | _ |
| Address: 1834 SE 8TH AVE | |
| City/State/ZIP: PORTLAND, OR 972143532 | |
| Phone: 5032311548 Fax: 5037360677 | |
| Email: DICKK@WESTSIDEELECTRIC.COM | _ |
| Metro IIc. no.: City Iic. no.: | 4 |
| Supervising Electrician's lic. no.: | 1 |
| Supervising Electrician's Name: | |
| Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 All Other Services: 2 | |

| PLAN F | REV | IEW | | |
|--|-----|-------------------|------------------------------|---------------------|
| Please check all that apply: | | Hazard | ous locatio | ns |
| A service or feeder beginning at 400 Amps where the | | , | ce or feede ps or more | |
| available fault current exceeds 10,000 Amps at 150 Volts or | | Building | gs more tha | in three stor |
| less to ground exceeds | | Marina | s and boat | yards |
| 14,000 Amps for all other | | Floating | g buildings | |
| Fire pumps | | Comme building | ercial-use a js | gricultural |
| Emergency systems | | | tion of a 15 | |
| Addition of a new motor load of 100 HP or more | | _ | eperately o ', or "I-2" o | derived sys |
| Six or more residential units in one structure | Ē | • | tional Vehi | į |
| Health care facilities | L. | | voltage for pply volts n | more than ominal |
| FEE SC | HE | DULE | | |
| Description | | Qty. | Ea. | Total |
| Branch circuits | | | | |
| Branch circuits without service or feeder | | 1 | \$81.14 | \$81.14 |
| Branch circuits each additional circuit without service | | 5 | \$4.26 | \$21.30 |
| Electrical Permit Fees | | | | |
| Subtotal | | | <u> </u> | \$102,44 |
| State surcharge (12% of permit total) | | | | \$12.29 |
| TOTAL PERMIT FEE | | | | \$114.73 |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

B2019-3944

City Of Beaverton

12725 SW Milikan Way Beaverton, OR 97076 Phone: 503-526-2542

Beaverton Phone: 503-526-2542

Commercial Electrical Authorization To Begin Work 05350-BEL-19-00819

Approval Code: 096896 9/19/2019 9:00 am

E-mailed To: cacey.chapman@ecpowerslife.com

| TYPE OF WORK | |
|--|-----------------------|
| ☐ New Construction ☐ Addition/alteration/replacement | Please che |
| CATEGORY OF CONSTRUCTION | A servi |
| 1 or 2 family dwelling Multi-family Commercial Accessory | avallat 10,000 |
| JOB SITE INFORMATION AND LOCATION | less to 14,000 |
| Job Address: 3475 SW CEDAR HILLS BLVD | _ |
| City/State/ZIP: BEAVERTON, OR 97005 | Fire pu |
| Suite/bldg./apt.no.: | Emerg |
| Project Name: Chase Bank | of 100 |
| Cross Street/directions to job site: | Six or one st |
| | Health |
| Tax map/parcel no.: 1S1090000200 | |
| DESCRIPTION OF WORK | Descriptio |
| Swap out (2) RTU's | Branch ci |
| · | Branch cire feeder |
| APPLICANT | Branch circ |
| Name: Cacey Chapman | Electrical |
| Phone: 5032285737 Fax: | Subtotal |
| Email: | State surc total) |
| CONTRACTOR | TOTAL PE |
| Elec lic. no.: 26-45C CCB lic. no.: 49737 | |
| Business Name: EC COMPANY | |
| Contact: | |
| Address: PO BOX 10286 | |
| City/State/ZIP: PORTLAND, OR 97296 | |
| Phone: 5032243511 Fax: 5032953012 | |
| Email: cindyb@e-c-co.com | |
| Metro IIc. no.: City IIc. no.: | |
| Supervising Electrician's lic. no.: | |
| Supervising Electrician's Name: | |
| Number of inspections included in paid services: Residential Service: 4 Reconnect Only 1 | |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

All Other Services:

| PLÁN | REV | IEW | | |
|--|-----|--------|--------------------------------|-------------|
| Please check all that apply: | | Hazard | ous location | ns |
| A service or feeder beginning at 400 Amps where the | | | ce or feeder ops or more | rated at |
| available fault current exceeds 10,000 Amps at 150 Volts or | | | gs more tha | |
| less to ground exceeds 14,000 Amps for all other | F | • | s and boat y g buildings | ards . |
| Fire pumps | | | ercial-use a | gricultural |
| Emergency systems | | | ادر ition of a 15 | 0 KVA or |
| Addition of a new motor load of 100 HP or more | _ | _ | seperately d ", or "I-2" or | · |
| Six or more residential units in one structure | | Recrea | itional Vehic | cle Parks |
| Health care facilities | L_ | | voltage for pply volts no | |
| FEE SCHEDULE | | | | |
| Description | | Qty. | Ea. | Total |
| Branch circuits | | | | |
| Branch circuits without service or feeder | | 1 | \$81.14 | \$81.14 |
| Branch circuits each additional circuit without service | | 1 | \$4.26 | \$4.26 |
| Electrical Permit Fees | 100 | | | |
| Subtotal | | | | \$85.40 |
| State surcharge (12% of permit total) | | | | \$10.25 |
| TOTAL PERMIT FEE | | | | \$95.65 |



Electrical Permit Application 12725 SW Millikan Way / PO Box 4755

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 V/TDD Beaverton Oregon, gov

| OFF | ICE USE ONLY |
|--------------------------|-----------------------|
| Date Received: 0110 2015 | Permit No.: 5019-3920 |
| 9/19/201 | Payment Type: |

| | | | 1 1869 | |
|---|--|---|---------------|--|
| | TYPE OF | | . | lease check all the |
| ☐ New construction | ☐ Addition/altera | tion/replacement Signs for Rebrand | 1 1 ' | Service or feed |
| | CATEGORY OF C | | | ormone ☐ Fire pump |
| | ☐ Commercial/in | APT 2000 CONTRACT OF CONTRACT |] C | Emergency sys |
| ☐ 1-and 2-family dwelling ☐ Multi-family | ☐ Master builder | | [| Addition of new load of 100HP |
| | JOB SITE INFORMATION | ON AND LOCATION | ַן נַ | ☐ Six or m cre residence |
| | Job address: 4400 | | | ☐ Health-care fac |
| Jcb no.: | | GYY KUBU LUNG | 1 🔚 | |
| City/State/ZIP: Beaver | | | | Descript |
| Suite/bldg/apt: no.: | | Projectname: Caliber Collision | | Residential single ncludes attached |
| Cross street/directions to job | eite: SW Farmingt | on & SW Rose | | ncandes a nacated 1,000 sq. ft. or less |
| Subdivision: | | Lot no.: | | Ea, add'i 600 sq. ft |
| Tax map/parcel no.: 1S1 | 16BD00600 | | | Limited energy, (with above sq. |
| rax map/parcerno 10 i | DESCRIPTION | OF WORK | al _ | Limited energy, residential (with |
| | | | | residential (with Services or leeds |
| | igns and replacing | g/refacing with updated re-brand for | 1 20 | 200 amps or less |
| Caliber Collision | | | | 201 amps to 400 a |
| ☐ PROPERTY | OWNER | ■ TENANT | منا ا | 401 amps to 600 a |
| Name: Caliber Collisi | on | | - 1 | 601 amps to 1,000 |
| Address: 4400 SW Ro | se Lane | | | Over 1,000 amps |
| <u> </u> | | | | Temporary service |
| City/State/ZIP; Beaverto | on, OR arous | | - 2 | relocation |
| Phone | | Fax | 1 1 | 200 amps or less |
| E-mail: | | | | 201 amps to 400 amps to 600 am |
| This is | atolistico is baing made | on property that I own, which is not intended for | 1 hu- | 601 amps to 1,000 |
| sale, lease, rent, or exchan | ge. | | 100 | Branch drouits |
| Owner signature: | | Date: | · [| A. Fee for branch above service |
| M APPLI | CANT | ■ CONTACT PERSON | | each branch ci |
| Business name: ES & A | A STATE OF THE PARTY OF THE PAR | 1 | | B. Fee for branch without service |
| | | | - - | first branch circ Each add'l branch |
| Contact name: Caroly | | | | Miscellancous (s |
| Address: 89975 Prair | ie Road | | | Each manufacture |
| city/state/ZIP: Eugene | , OR 97402 | | _ - | dwelling, service, Pump or irrigation |
| Phone: (541) 868-23 | 81 | Fax: (541) 868-5813 | - | Sign or outline lig |
| E-mail: cgoodman@ | and the second s | | ─ | Signal circuit(s) o |
| E-mail CGOOdinan@ | CONTRA | CTOP | | panel, alteration extension. De |
| | Approximately the second of th | 100 100 100 100 100 100 100 100 100 100 | * | |
| Business name: ES & | A Sign and Awnin | ig Co. | | Each additional over allowable i |
| Address: 89975 Prair | rie Road | | _ | above |
| City/State/ZiP: Eugene | e, OR 97402 | | _ | Per inspection |
| Phone: (541) 868-23 | 381 | Fax (541) 485-5813 | | Investigation fee Other: |
| | Desasigns.com | CCB lic. no.: 163470 | | Electrical permit |
| | 543-CLS | City or metro tic.: 8461 | | |
| Supervising electrician | 1 0 % | | | Pl |
| eignature, required: | Joephy 16 | outres and | [| State |
| Print name: Gordy R | oseboro ` | Date: 09/16/19 | _ | |
| Authorized signature: | Whook) | ne | | This permit app |
| | Cdodman | . 09/16/19 | | 180 day |

| | REVIEW | Marie Control of the | | |
|--|--|---|--------------------|-------------|
| ease check all that apply: Service or feeder over 600 amps | | | | |
| ☐ Service or feeder 400amps | ☐ Building over three stories | | | |
| ormore | Marinas and boatyards | | | |
| ☐ Fire pump ☐ Emergency system | ☐ Floating buildings ☐ Commercial-use agricultural | | | |
| Addition of new motor | priligible | | | |
| load of 100HP or more | ☐ Insta | llation of 150 | KVA or larger | - 1 |
| ☐ Six or m cre residential units | sepa | rately derived | system | |
| Health-care facilities | A. | E, 1-2," 1-3" reational ve | occupancy | |
| ☐ Hazardous locations | | | iiria haiva | 2452.55 |
| FEE 8 | CHEDUL | E T | | |
| Description | QV- | Fee | Total | * |
| Residential single- or multi-fan Includes attached garage | nity dwel | ling unit | | |
| 1,000 sq. ft. or less | | 168.52 | | 4 |
| Ea. add'l 500 sq. ft. or portion | | 30,10 | | |
| Limited energy, residential | | 40.19 | | 2 |
| (with above sq. ft.) Limited energy, multi-family | | 1 | | 2 |
| residential (with above sq. fl.) | | 79.41 | | 2. |
| Services or leeders installation | n, alterat | | relocation | |
| 200 amps or less | <u> </u> | 100.28 | | 2 |
| 201 amps to 400 amps | | 119,38 | | 2 |
| 401 amps to 600 amps | | 198.56 | | 2 |
| 601 amps to 1,000 amps | 4 | 259.68 | <u> </u> | 2 |
| Over 1,000 amps or volts | | 597.59 | | 2 |
| Utility reconnect | | 79.41 | a a sanda a di a c | 1 |
| Temporary services or feeden | a installa | ition, allera | non, and/or | |
| relocation 200 amps or less | i i i | 79.41 | | 2 |
| 201 amps to 400 amps | | 110.31 | | 2 |
| 401 amps to 600 amps | | 159.40 | | 2 |
| 601 amps to 1,000 amps | | 195.05 | | 2 |
| Branch drouits - new, alteral | on ore | | erpanel | |
| A. Fee for brench circuits with | 01.00 | 1 1 | | |
| above service or feeder fee, | | 3.69 | | |
| each branch circuit | | | | 2 |
| B. Fee for branch circuits without service or feeder fee | , | 70.25 | | |
| first branch circuit | " | 10,20 | | 2 |
| Each add'l branch circuit | | 3,69 | | : 1 |
| Miscellaneous (service or fee | der not i | nduded) :- | 52 Mg (2 (2) | |
| Fach manufactured or modular | | 79.41 | | 2 |
| dwelling, service, and/or feeder | | | | 2 |
| Pump or irrigation circle | 2 | 79,41 | | 2 |
| Sign or outline lighting | | 79.41 | | <u> </u> |
| Signal circuit(s) or limited-energy panel, alteration, or | 3 7 | 70.44 | ļ. | 2 |
| extension. Describe: | | 79,41 | | ٦ |
| | | 1 | | 1 |
| Each additional inspection over allowable in any of the | | | 1 | |
| apove | 92. | | | |
| Per inspection | 99/200 S 2/5 | 70.25 | | T |
| Investigation fee | | | | Ħ |
| Other: | | | | 1 |
| Electrical permit fees | | | | T |
| | JBTOTA | L | 158.82 | Ϊ |
| Plan review (25% of permit fee) | | | | \vdash |
| Plan review (2 | Q 10 %C | ermi(166) | | |
| State surcharge (12% of permit fee) | | | 19.06 | |
| тот | \$177.88 | Γ | | |

This permit application expires if a permit is not obtained within 5



Renewable Electrical Energy Permit Application

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

BeavertonOregon.gov

OFFICE USE ONLY

Date Recei 09/18/2019 Permit No.: B2019-3915

Date Issued:

9/18/2019

Payment Type:

| | туре о | F WORK | |
|--|---------------------------|-----------------------|------------------------------|
| ☐ New construction | Addition/alte | ration/replacement | |
| | CATEGORY OF | CONSTRUCTION | |
| 1- and 2-family dwalling Multi-family | ☐ Commercial | industrial 🔲 | Accessory building |
| | JOB SITE INFORMA | TION AND LOCATI | ON |
| Job no.: | Job address: 75 | 330 50 | Event CT |
| City/State/ZIP: | Remounte | ~, ac | 97007 |
| Sulte/bldg./apt. no.: | | Project name: | |
| Cross streeVdirections to jo | ob site: | | |
| Subdivision: | | Lot no.: | |
| Tax map/parcel no.: | | | |
| | DESCRIPTIO | n of Work | |
| - | ocan fu | INSTAL | LATION |
| PEROPERT | Y OWNER | | ☐ TENANT |
| Name; | w, egs | "WINNE | |
| Address: 182 | N SWE | werett | a |
| City/State/ZIP: | eeruba | 10h | 77007 |
| Phone: 503-51 | 0-8233 | Fax: | |
| E-mail: | | | |
| Owner installation: This i sale, lease, rent, or exchar | nstallation is being made | on property that I ov | m, which is not intended for |
| Owner signature: | ıga, | | Date: |
| | CONTRA | CTOR | |
| 8 | MOGAT I | - KOTRI | Ž. |
| Business name: | 10.05(12.) Z | 1.11 | V 116 |
| Address: | I NE | - 0 T - 0 C A | Jan 161 |
| City/State/ZIP: | 7277 | Fax. | 7.10-01 |
| Phone: 505-55 | 7. (6. 6. | CB lic. no.: | 189902 |
| E-mail: | July Cir C Chron | City or metro lic.: | LOLIS |
| Electrical lic. no.: Supervising electrician | 2241 | | 1 |
| signature, required: | Tim / le /20 | 1 | 9/19/16 |
| Print name: | ce lough | | Date: |
| Authorized signature: | 250 | | 0/17/19 |
| Print name: | e Kruege | (L | Date: |

| Number of inspections per item () Renewable energy installation per | No. of | Cost | | Total |
|--|------------|--------------------|----------|-------------------|
| system total | items | Each | | |
| 6 kva or less (2) | | 81.1 | | - |
| 5.01 to 15 kva (2) | 1 | 115.8 | 33 | 15.0: |
| 15.01 to 25 kva (2) | | 137.8 | 39 | |
| 25.01 kva and over (2) | | 229.3 | 34 | |
| Miscellaneous fees, hourly rate | | 80.0 | 00 | |
| Each additional inspection (1) (OAR 915-309-0070) | | 81.1 | 4 | |
| FEET | OTALS | to entire the same | Recalcul | ale Mariniment |
| | - Sul | ototal | | 0.00 |
| Check box if plan review is required | | | | |
| Plan review required for syste at 25% of Subtotal. No 12% st review fee. (28 | ncharge or | ı plan | | |
| State surcharge (12% of permit fee) | | | | 0,0 |
| TOTAL | PERMIT | FEE | \$129 | 72 |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Form 870-1005

REV 10/17

12725 SW Milikan Way

Beaverton, OR 97076

Beaverton Phone: 503-526-2542

G R E G O N Email: cunderwood@beavertonoregon.gov

82019-3940

Residential Electrical Authorization To Begin Work 05350-BEL-19-00816

Approval Code: 04409G 9/18/2019 2:51 pm

E-mailed To: haley@sunbridgesolar.com

| TYPE OF WORK |
|---|
| New Construction X Addition/alteration/replacement |
| CATEGORY OF CONSTRUCTION |
| 1 or 2 family dwelling Multi-family Commercial Accessory |
| JOB SITE INFORMATION AND LOCATION |
| Job Address: 12225 SW FULMAR TER |
| City/State/ZIP: BEAVERTON, OR 97007 |
| Suite/bldg./apt.no.: |
| Project Name: Sivagnanam Solar System |
| Cross Street/directions to job site: |
| Tax map/parcel no.: 2S105BB10400 |
| DESCRIPTION OF WORK |
| 9.28kW rooftop solar pv system. (29) Panasonic modules (29) Enphase microinverters. IronRidge racking system. |
| APPLICANT |
| Name: Haley Polk |
| Phone: 9713254164 Fax: |
| Email: |
| CONTRACTOR |
| Elec IIc. no.: C1123 CCB IIc. no.: 189787 |
| Business Name: SUNBRIDGE SOLAR LLC |
| Contact: |
| Address: 706 W 17TH ST |
| City/State/ZIP: VANCOUVER, WA 98660 |
| Phone: 5034076820 Fax: |
| Email: jordan@sunbridgesolar.com |
| Metro lic. no.: City lic. no.: |
| Supervising Electrician's lic. no.: |
| Supervising Electrician's Name: |
| Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 All Other Services: 2 |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

| PLAN | REV | IEW | | |
|--|-----|-----------------|--------------------------------|-------------|
| Please check all that apply: | | Hazard | lous location | s |
| A service or feeder beginning at 400 Amps where the | | | ce or feeder nps or more | rated at |
| available fault current exceeds 10,000 Amps at 150 Volts or | | | gs more tha | |
| less to ground exceeds 14,000 Amps for all other | | | s and boat y g buildings | rards |
| Fire pumps | | Comm buildin | ercial-use a | gricultural |
| Emergency systems | | | ition of a 15 | |
| Addition of a new motor load of 100 HP or more | П | | seperately d ., or "l-2" or | · |
| Six or more residential units in one structure | | Recrea | ational Vehic | le Parks |
| Health care facilities | | | voltage for pply volts n | |
| FEE SCHEDULE | | | | |
| Description | | Qty. | Ea. | Total |
| Renewable Energy | | | | |
| 5.01 to 15 kva - pv | | 1 | \$115.83 | \$115.83 |
| Electrical Permit Fees | | | | |
| Subtotal | | | | \$115.83 |
| State surcharge (12% of permit total) | | | | \$13.90 |
| TOTAL PERMIT FEE | | | | \$129.73 |

B2019-3938

Commercial Electrical Authorization To Begin Work

05350-BEL-19-00815 Approval Code: 504778 9/18/2019 2:32 pm

E-mailed To: trungbrothers@gmail.com

City Of Beaverton

12725 SW Milikan Way

Beaverton, OR 97076

Beaverton Phone: 503-526-2542

Phone: 503-526-2542

Phone: 503-526-2542

Phone: 503-526-2542

| TYPE OF WORK |
|---|
| New Construction X Addition/alteration/replacement |
| CATEGORY OF CONSTRUCTION |
| 1 or 2 family dwelling Multi-family Commercial Accessory |
| JOB SITE INFORMATION AND LOCATION |
| Job Address: 3615 SW HALL BLVD |
| City/State/ZIP: BEAVERTON, OR 97005 |
| Suite/bldg./apt.no.: |
| Project Name: Renu Chiropractic |
| Cross Street/directions to job site: Hall Blvd |
| Tax map/parcel no.: 1S109DD00106 |
| DESCRIPTION OF WORK |
| Install fire panel |
| |
| APPLICANT |
| Name: Trung Nguyen |
| Phone: 5037930871 Fax: 5036126603 |
| Email: |
| CONTRACTOR |
| Elec lic. no.: C280 CCB lic. no.: 175531 |
| Business Name: VAST ELECTRIC INC |
| Contact: |
| Address: 207 8TH ST |
| City/State/ZIP: OREGON CITY, OR 97045 |
| Phone: 5037930871 Fax: 5035858828 |
| Email: VASTELECTRIC@COMCAST.NET |
| Metro lic. no.: City lic. no.: |
| Supervising Electrician's lic. no.; |
| Supervising Electrician's Name: |
| Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 All Other Services: 2 |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

| A service 600 am Building Marinas Floating Comme building Installa larger s | ous locations ce or feeder in ps or more gs more than is and boat yat g buildings ercial-use agings tion of a 150 reperately de thor or "I-2" or " | three stor ards ricultural KVA or rived sys | | | |
|---|---|---|--|--|--|
| 600 am Building Marinas Floating Comme building Installa larger s | ps or more gs more than s and boat ya g buildings ercial-use agu gs tion of a 150 seperately de | three stor ards ricultural KVA or rived sys | | | |
| Marinas Floating Comme building Installa larger s | s and boat ya g buildings ercial-use ago gs tion of a 150 seperately de | ricultural KVA or rived sys | | | |
| Floating Comme building Installa larger s | buildings ercial-use ago gs tion of a 150 eeperately de | ricultural KVA or rived sys | | | |
| Comme building Installa larger s | ercial-use agings tion of a 150 seperately de | KVA or rived sys I-3" | | | |
| building Installa Iarger s "A", "E' | gs tion of a 150 seperately de ', or "I-2" or " | KVA or rived sys I-3" | | | |
| larger s | eperately de ', or "I-2" or " | rived sys I-3" | | | |
| "A", "E' | ', or "I-2" or " | l-3" | | | |
| Recrea | tional Vehicle | e Parks | | | |
| | | | | | |
| Supply voltage for more than 600 supply volts nominal | | | | | |
| FEE SCHEDULE | | | | | |
| Qty. | Ea. | Total | | | |
| | | | | | |
| 1 | \$91.72 | \$91.72 | | | |
| | | | | | |
| | | \$91.72 | | | |
| | | \$11.01 | | | |
| | 1 1 | \$102.73 | | | |
| V.O | Qty. | Qty. Ea. | | | |

Residential Electrical Authorization To Begin Work 05350-BEL-19-00813

12725 SW Milikan Way Beaverton, OR 97076 Beaverton Phone: 503-526-2542

Approval Code: 005346 9/18/2019 11:46 am

Email: cunderwood@beavertonoregon.gov

E-mailed To: donwilsue4@aol.com

| | TYPE OF WORK | | | | |
|--|-----------------------------------|--|--|--|--|
| New Construction | X Addition/alteration/replacement | | | | |
| CATE | EGORY OF CONSTRUCTION | | | | |
| 1 or 2 family dwelling | | | | | |
| Martin policy of the Committee of the Co | INFORMATION AND LOCATION | | | | |
| Job Address: 12072 SW WIND | MILL DR | | | | |
| City/State/ZIP: BEAVERTON, O | OR 97008 | | | | |
| Suite/bldg./apt.no.: | | | | | |
| Project Name: Redwood Creek | | | | | |
| Cross Street/directions to job s | site: Bld 20 Reconnect only | | | | |
| Tax map/pareer men | 0000208 | | | | |
| | DESCRIPTION OF WORK | | | | |
| Reconnect inspection for power | disconnected for non payment | | | | |
| | | | | | |
| | APPLICANT | | | | |
| Name: Chris Riehle | | | | | |
| Phone: 5034770704 | Fax: | | | | |
| Email: | | | | | |
| | CONTRACTOR | | | | |
| Elec lic. no.; C427 | CCB No. no.: 95163 | | | | |
| Business Name: QUALITY PLUS FRAMING & ELECTRICAL INC | | | | | |
| Contact: | | | | | |
| Address: 16037 SW BOWMAN | | | | | |
| City/State/ZIP: SHERWOOD, C | DR 97140 | | | | |
| Phone: 5037991639 | Fax: | | | | |
| | | | | | |
| Email: donwilsue4@aol.com | | | | | |
| Email: donwilsue4@aol.com | City lic, no.: | | | | |
| | _ | | | | |
| Metro lic. no.: | 10.: | | | | |

| PLAN F | REVIEW | | | | | | |
|--|---|-------------------------------|-------------|--|--|--|--|
| Please check all that apply: | ☐ Hazard | ous location | s | | | | |
| A service or feeder beginning at 400 Amps where the | A service or feeder rated at 600 amps or more Buildings more than three stor | | | | | | |
| available fault current exceeds 10,000 Amps at 150 Volts or | | | | | | | |
| less to ground exceeds 14,000 Amps for all other | Marinas and boat yards | | | | | | |
| | _ | g buildings | | | | | |
| Fire pumps | Commo building | ercial-use aç gs | gricultural | | | | |
| Emergency systems | - | ition of a 150 | | | | | |
| Addition of a new motor load of 100 HP or more | | larger seperately derived sys | | | | | |
| Six or more residential units in one structure | Recreational Vehicle Parks | | | | | | |
| Health care facilities | | voltage for pply volts no | | | | | |
| FEE SCHEDULE | | | | | | | |
| Description | Qty. | Ea. | Total | | | | |
| Services or feeders | | 1 | | | | | |
| Reconnect only | 1 | \$91.72 | \$91.72 | | | | |
| Electrical Permit Fees | | | | | | | |
| Subtotal | | | \$91.72 | | | | |
| State surcharge (12% of permit total) | | | \$11.01 | | | | |
| | L L | | \$102.73 | | | | |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

82019-3932

Residential Electrical Authorization To Begin Work 05350-BEL-19-00814

Approval Code: 005286 9/18/2019 11:48 am

E-mailed To: donwilsue4@aol.com

City Of Beaverton

Beaverton, OR 97076

Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

12725 SW Milikan Way

| | TYPE OF | WORK | | | |
|---|----------------|--------------------|--------------------|--|--|
| New Construction | | X Addition/alter | ration/replacement | | |
| CATE | GORY OF C | ONSTRUCTION | | | |
| 1 or 2 family dwelling | Multi-family | Commercial | Accessory | | |
| JOB SITE | NFORMAT | ION AND LOCAT | ION | | |
| Job Address: 12070 SW WINDM | IILL DR | | | | |
| City/State/ZIP: BEAVERTON, OR | 97008 | | | | |
| Suite/bldg./apt.no.: | | | | | |
| Project Name: Redwood Creek | | | | | |
| Cross Street/directions to job site: Bid 20 reconnect | | | | | |
| Tax map/parcel no.: 1S12700 | 000208 | | | | |
| ום | SCRIPTIO | N OF WORK | | | |
| Reconnect inspection for power d | isconnected fo | r non payment | | | |
| , | | | | | |
| | APPLI | CANT | | | |
| Name: Chris Riehle | /a, , <u>e</u> | | | | |
| Phone: 5034770704 | | Fax: | , | | |
| Email: | | | | | |
| | CONTR | ACTOR . | | | |
| Elec lic. no.: C427 | C | CB lic. no.: 95163 | | | |
| Business Name: QUALITY PLUS | FRAMING & | ELECTRICAL INC | | | |
| Contact: | | | | | |
| Address: 16037 SW BOWMAN L | .N | | | | |
| City/State/ZIP: SHERWOOD, OF | 97140 | | | | |
| Phone: 5037991639 | | Fax: | | | |
| Email: donwilsue4@aol.com | | | | | |
| Metro lic. no.: | | City lic. no.: | | | |
| Supervising Electrician's lic. no | .: | | | | |
| Supervising Electrician's Name | | | | | |
| Number of inspections included Residential Service: 4 Reconnect Only: 1 All Other Services: 2 | in paid servi | ces: | | | |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

| PLAN F | REVI | EW | | | |
|---|------|-----------------------------|-------------------------------|--------------|--|
| Please check all that apply: | | Hazard | ous location | ns | |
| A service or feeder beginning at 400 Amps where the | | r rated at | | | |
| available fault current exceeds 10,000 Amps at 150 Volts or | | | - | n three stor | |
| less to ground exceeds 14,000 Amps for all other | | | s and boat g buildings | yaros | |
| Fire pumps | | Commo | ercial-use a gs | gricultural | |
| Emergency systems Addition of a new motor load | | | ition of a 15 seperately o | | |
| of 100 HP or more Six or more residential units in one structure | | "A", "E", or "I-2" or "I-3" | | | |
| | | Recreational Vehicle Parks | | | |
| Health care facilities | | more than ominal | | | |
| FEE SCHEDULE | | | | | |
| Description | | Qty. | Ea. | Total | |
| Services or feeders | | | | | |
| Reconnect only | | 1 | \$91.72 | \$91.72 | |
| Electrical Permit Fees | | | | | |
| Subtotal | | | | \$91.72 | |
| State surcharge (12% of permit total) | | | | \$11.01 | |
| TOTAL PERMIT FEE | | | | \$102.73 | |

BQ019-3928

Residential Electrical Authorization To Begin Work 05350-BEL-19-00811

Approval Code: 082541 9/18/2019 9:16 am

E-mailed To: dorear@globalelectricusa.com

City Of Beaverton 12725 SW Millkan Way
Beaverton, OR 97076

Beaverton Phone: 503-526-2542

R E 6 0 N Email: cunderwood@beavertonoregon.gov

| TYPE OF W | ORK |
|---|-----------------------------------|
| New Construction | X Addition/alteration/replacement |
| CATEGORY OF COM | ISTRUCTION |
| X 1 or 2 family dwelling Multi-family | Commercial Accessory |
| JOB SITE INFORMATION | I AND LOCATION |
| Job Address: 15885 SW BARNARD CT | |
| City/State/ZIP: BEAVERTON, OR 97007 | |
| Suite/bldg./apt.no.: | |
| Project Name: Replace Main Breaker | |
| Cross Street/directions to job site: | |
| Tax map/parcel no.: 1S120CD05200 | |
| DESCRIPTION (| DF WORK |
| Replace 125A Main Breaker in panel | |
| | |
| APPLICA | NT |
| Name: Dustin O'Rear | |
| Phone: 5036806890 Fa | x: 5036475649 |
| Email: | |
| CONTRAC | TOR |
| Elec IIc. no.: 34-655C CCB | lic. no.: 156838 |
| Business Name: GLOBAL ELECTRIC INC | |
| Contact: | |
| Address: PO BOX 162 | |
| | |
| City/State/ZIP: NORTH PLAINS, OR 97133 | |
| | ıx: 5036475649 |
| | ıx: 5036475649 |
| Phone: 5036475650 Fa Email: globalelectric@globalelectricusa.com | ix: 5036475649 lty lic. no.: |
| Phone: 5036475650 Fa Email: globalelectric@globalelectricusa.com | |
| Phone: 5036475650 Fa Email: globalelectric@globalelectricusa.com Metro lic. no.: C | |
| Phone: 5036475650 Fa Email: globalelectric@globalelectricusa.com Metro lic. no.: C Supervising Electrician's lic. no.: | ity fic. no.: |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

| PLAN F | REVI | EW | | | | | | |
|--|---|-----------------------------|---|--------------|--|--|--|--|
| Please check all that apply: | | Hazard | ous location | าร | | | | |
| A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | A service or feeder rated at 600 amps or more | | | | | | | |
| | | | gs more tha s and boat y | n three stor | | | | |
| | | | s and boat y g buildings | yaius | | | | |
| Fire pumps | | Comme building | ercial-use a | gricultural | | | | |
| Emergency systems Addition of a new motor load | | | tion of a 15 seperately d | | | | | |
| of 100 HP or more Six or more residential units in one structure | | "A", "E", or "I-2" or "I-3" | | | | | | |
| | Recreational Vehicle Parks | | | | | | | |
| Health care facilities | | | voltage for pply volts n | | | | | |
| FEE SCHEDULE | | | | | | | | |
| Description | | Qty. | Ea. | Total | | | | |
| Services or feeders | | | | | | | | |
| Services 200 amps or less | | 1 | \$115.83 | \$115.83 | | | | |
| Electrical Permit Fees | | | 100000000000000000000000000000000000000 | | | | | |
| Subtotal | | | | \$115.83 | | | | |
| State surcharge (12% of permit total) | | | | \$13.90 | | | | |
| TOTAL PERMIT FEE | | | | \$129.73 | | | | |

12725 SW Milikan Way Beaverton, OR 97076

Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

B2019-3929 Residential Electrical Authorization To Begin Work 05350-BEL-19-00812

Approval Code: 04970B 9/18/2019 11:28 am

E-mailed To: mikeselectric@mikeselectric.biz

| | TYPE OF WORK |
|--|---|
| New Construction | Addition/alteration/replacemen |
| C/ | ATEGORY OF CONSTRUCTION |
| 1 or 2 family dwelling | Multi-family Commercial Accessory |
| JOB SI | TE INFORMATION AND LOCATION |
| Job Address: 6175 SW ERI | CKSON AVE |
| City/State/ZiP: BEAVERTON | I, OR 97008 |
| Suite/bldg./apt.no.: | |
| roject Name: | |
| ross Street/directions to jo | ob site: |
| x map/parcel no.: 1S1 | 121AB07500 |
| | DESCRIPTION OF WORK |
| IVING ROOM LIGHT & PLU PLUGS, BATHROOM LIGHT HALLWAY LIGHTS & PLUG | JG, BATHROOM PLUGS, 2X BEDROOM LIGHTS AND IS, MASTER BEDROOM LIGHTS & PLUGS, ENTRY & S, SMOKE DETECTORS |
| | APPLICANT |
| lame: Darryl Mollenhauer | |
| Phone: 5036496991 | Fax: 5032967860 |
| mail: | |
| | CONTRACTOR |
| lec lic. no.: C643 | CCB lic. no.: 191094 |
| usiness Name: MOLLENH | AUER ENTERPRISES INC |
| ontact: | |
| Address: 11070 SW ALLEN | BLVD |
| ity/State/ZIP: BEAVERTO | N, OR 97005 |
| Phone: 5036496991 | Fax: 5036411902 |
| Emall: mikeselectric@mikes | electric.biz |
| Metro lic. no.: | City lic. no.: |
| Supervising Electrician's lic | c. no.; |
| Supervising Electrician's N | |
| PRANTING FIGURION S IN | |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

All Other Services:

| PLAN | REV | EW | | | | | |
|--|-----|---|-------------------------------|-----------------------|--|--|--|
| Please check all that apply: | | Hazard | lous locatior | ıs | | | |
| A service or feeder beginning at 400 Amps where the avallable fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds | | A service or feeder rated at 600 amps or more | | | | | |
| | | | gs more tha s and boat y | n three stor vards | | | |
| 14,000 Amps for all other | | Floatin | g buildings | | | | |
| Fire pumps | | Commercial-use agricultural buildings | | | | | |
| Emergency systems Addition of a new motor load | | | ition of a 15 seperately d | | | | |
| of 100 HP or more Six or more residential units in one structure | | "A", "E", or "I-2" or "I-3" | | | | | |
| | | Recreational Vehicle Parks | | | | | |
| Health care facilities | Ш | Supply voltage for more than 600 supply volts nominal | | | | | |
| FEE SCHEDULE | | | | | | | |
| Description | | Qty. | Ea. | Total | | | |
| Branch circuits | | | | | | | |
| Branch circuits without service or feeder | | 1 | \$81.14 | \$81.14 | | | |
| Branch circuits each additional circuit without service | | 7 | \$4.26 | \$29.82 | | | |
| Electrical Permit Fees | | 1 | | | | | |
| Subtotal | | | | \$110.96 | | | |
| State surcharge (12% of permit total) | | | | \$13.32 | | | |
| TOTAL PERMIT FEE | | | | \$124.28 | | | |

THE RESERVE AND THE PERSON NAMED IN COLUMN 1

0.00

0.00

<u> 85.</u>60



Electrical Permit Application

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

BeavertonOregon.gov

| OFFICE | JSE ONLY |
|--|------------------------|
| Date Received: 9-18-19 Date Issued: 9-18-11 | Permit No.: 82019-3933 |
| | Payment Type: ViSa |

| | | | TOPO, years the real participants of the | you 5.5 | PLAN | REVIEW | Jan 7 47 38 | | Ţ., |
|---|--|--|--|---------------------------------------|--|--|---------------|---|---|
| | TYPE OF | Service 41, 2000 St. 10 - August | | i p | lease check all that apply: | ☐ Servi | ps of teader | OAGL POO BLUI | p s |
| New construction | Addition/alters | ntion/replacement | 1- | |] Service or feeder 400amps | Build | ing over the | ree stories | |
| ************************************* | Other: ■ Other: | | *** ********************************** | | | | nas and bo | | |
| | CATEGORY OF | ONSTRUCTION | | | | | | s aducnitatel | 1 |
| 1- and 2-family dwelling | Commercial/k | adustrial 🔲 | Accessory building | | 7 Addition of new motor | build | ings | | |
| | ☐ Maeter builde | · | Other: | " | load of 100HP or more | | | KVA or large |).F |
| Multi-family | OH SITE INFORMATI | | Company of the Compan | TA E | Six or more residential unite | פק⊕8 •יי אייניד | rately derive | а вувити Сосиралсу | |
| | OB SITE INFORMATI | ON AND PROPER | | | - Heart solve territories | ⊒ A, □ Reci | eational ve | hicle parks | |
| Job na.: | Job address: 📗 🐔 | 194 SV | N Pack WAY | 1 | Hazardous locations FEE SC | HEDUL | E - 159 3 13 | $X_{ij} \cap \{i^{(i)}, i^{(j)}, i^{(j)}\}$ | 37-1 |
| | | | | | Description | Cky. | Fee | Total | 71 |
| City/State/ZIP: クロット | UN) OR | 97225 | | | imal-tilum to elignie isimobles | y dwel | ing Linit | | 4 |
| Suite/bldg./apt. no.: | | Project name: | WEVER PET | 40 | nciudes attached garage | | 194,64 | 0.00 | T 4 |
| Cross street/directions to job | site: | | | | ,000 sq. ft. or less a. add'l 500 sq. ft. or portion | | 34.77 | 0.00 | |
| Subdivision: | | Lot no.; | | | Limited energy, residential | | 46.42 | 0.00 | 1 |
| | <u></u> | | | <u>-</u> - | (with above sq. ft.) Limited energy, multi-family | | 91.72 | 0,00 | |
| Tax map/parcel no.: | 1 6 1 1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | en die Win Oldward Vo | Gent ta to si di dell'ille i en fille | 70 | residential (with above sq. ft.) | <u></u> | I | | |
| | DESCRIPTION | The second secon | | | Services or feeders installation, | piterati | | telocunou | نسست |
| AND Z ZOV | imp atts | FOR NEW | I top or promout. | | 200 amps or leas | <u></u> | 115.83 | 0.00 | + |
| 1100 2 001 | trulp min | | , . | [2 | 201 amps to 400 amps | <u> </u> | 137.89 | 0.00 | |
| May Table 1997 | elainaren 2007a (2007a) | estitue manifestra en e | □ TENANT | 55 Z | 101 amps to 600 amps | <u> </u> | 229.34 | 0.00 | |
| PROPERTY | Contractors 2 2 1 2 2 2 2 | A TO SEE THE PARTY AND THE SECOND | | | 301 amps to 1,000 amps | | 299,93 | 0.00 | |
| Name: | | | | [| Over 1,000 amps or volta | | 690.22 | 0.00 | |
| A delegación | | | | | Jtility reconnect | Τ΄ | 91.72 | 0.00 | |
| Address: | | ., | | ⊣ ⊨ | Comporary dervices or feedels | nstalla | ion, altera | tion, and/or | |
| City/State/ZIP: | | | | | elocation | ~~~ | 91.72 | 0.00 | 1 2 |
| Phone: | | Fax: | | | 200 amps or less | | 127,41 | 0.00 | |
| 1 1441-7 | | | A STATE OF THE STA | ⊢ | 201 amps to 400 amps | | 184.11 | 0,00 | 4 |
| E-meli: | | | | | 101 amps to 600 amps 301 amps to 1,000 amps | | 225.29 | 0.00 | \leftarrow |
| Owner installation: This in | talistion is belog made | on property that I ow | n, which is not intended for | | Branch circuits – new, alteratio | Niof ex | | | 25000 |
| sele, lease, rent, or exchang | ę. | an hickeria | , | | A. Fee for branch circuits with | nhor ev | LEMBION, P | ar property . | 1 |
| Owner signature: | | | Date: | - ' | above service or feeder fee, | | 4,26 | 0.00 | 2 |
| E APPLI | ANT | 25.22.22.2.1 its No. | ONTACT PERSON | | each branch circuit B. Fee for branch circuits | + | | | |
| APPLIC | ALTERNA STATE OF THE STATE OF T | <u>op-rugggerene (##1.55)</u> | 200-92 1 27 1 2 1 4 A | | without service or feeder fee, | | 81.14 | \ \ \ \ ' | 2 |
| Business name: 6 + 1 | ble Elzel | scalla | <u> </u> | | first branch circult | | 4.26 | | • |
| Contact name: | cle di i | 1 11 | | | Each add't branch circuit | 1 | .1 | 7 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | 777.7 |
| OSTRACTION AND AND AND AND AND AND AND AND AND AN | 1 | Mr. | | | Miscellaneous (service or foods Each manufactured or modular | a norm | | | Т. |
| CO.C :asenbbA | 130×10 | >6- | <u>, , , , , , , , , , , , , , , , , , , </u> | [_ | dwelling, service, and/or feeder | | 91.72 | 0.00 | |
| City/State/ZIP: 5 Le | 2 600417 | NR 9714 | 10 | i | Pump or Imigation circle | ļ. <u> </u> | 91.72 | 0.00 0.00 | |
| Phone: £03 . 4.7 | 9 9623 | Fax: | + | | Sign or autline lighting | | 91.72 | 0.00 | +- |
| E-mall: gripble | e technice | | L.con | | Signal circult(s) or limited-energy panel, alteration, or extension, Describs: | | 91.72 | 0.00 | 2 |
| | CONTRA | Cide Was a | 302.00-0.00-18460.3866 <u>4</u> | | Each additional inspection | | | | |
| Business name: | bly Elect | vic the | | | over allowable in any of the above | | | | |
| Address: 7.0 | Box 110 | 6 | | <u> </u> <u> </u> <u> </u> <u> </u> | Per Inspection | - | 81,14 | 0.00 | ; |
| City/State/ZiP: | C12002 | DR 9714 | (O | | Investigation fee | - | | | |
| Divinos et is a 5 3 4 | - 3551 | Fax: | | | Other | | | | <u> </u> |
| Phone: 503 - 730 | <u> </u> | , | | -1 17 | Electrical permit fees | | Cité | | |
| E-mail to bolce lee | ric@gmail. | CCB lie, no.: | <u> 225658 </u> | | SUE | TOTAL | | | 0.0 |
| Electrical lic. no.: | 162 | City or metro fic.: | 13456 | | Plan review (25° | % of pe | nnit fee) | | |
| Supervising electrician algorithms, required: | Mobile | laber | • | | State surcharge (12 | % of pe | mit fee) | | 0.0 |
| 11.14 | 1.SE1 0 | | Date: 7 /1x /1a | <u>"</u> ∏ - | | | MIT FEE | 25. | 60 |
| Print name: Matt | WEber | 1 2-4-61 | Date: 7 / 18 / 19 | ┤┖ | This permit application expires | if a pe | rmit is not | obtained w | |
| Authorized algnature: | full As | | | | 180 days after it has be Number of inspections allowed per p | emil emil | ebrea sa c | ompi ete | |
| Print name: | بر هديله ان | <u></u> ا | Date: 9 18 19 | | Form B70-1002 | RE | V 10/17 | | |



Electrical Permit Application 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

| OFFICE | USE ONLY |
|-----------------------|-------------------------|
| Date Received 18 2019 | Permit No.: (520)9-3934 |
| Date Issued: | W |
| | Payment Type: |

| | BeavertonOregon.gov | -0 | | | | | |
|---|--|---------------------------------------|--|--|--|---------------------------------|----------|
| TYPE O | DF WORK | | PLA | N REVIE | W | | |
| | eration/replacement | | Please check all that apply: Service or feeder 400amps or more | □ Bul | lding over I | er over 600 am three stories | ıps |
| | CONSTRUCTION | | ☐ Fire pump | | rinas and b ating buildi | | |
| ☐ 1- and 2-family dwelling ☐ Commercial | | - | ☐ Emergency system | ☐ Co | mmercial-u | ise agricultura | al |
| ☐ Multi-family ☐ Master build | | | ☐ Addition of new motor load of 100HP or more | | idings Idiation of 19 | 50 KVA or large | or |
| | TION AND LOCATION | | Six or more residential units | | arately deriv | | 21 |
| | itani kati kati kana da kamana ni kati ni pulikan kati kana kati kana kana kana kana kati kati kati kati kati Kana kati kati kana da kati kana kati kati kati kati kati kati kati kat | 7011 614 | Health-care facilities | | | -3" occupancy | |
| Job no.: 0393 Job address: 1.3 | 725 SW MIKLIK | AN WAY | ☐ Hazardous locations EFF | SCHEDU | | /ehicle parks | |
| City/State/ZIP: BEAUERTON | OR 97005 | | Description | Qty. | Fee | Total | • |
| Sulte/bldg./apt. no.: | Project name: GM WAMEP | ; [| Residential single- or multi-fa Includes attached garage | mily dwe | iling unit | | |
| Cross street/directions to job site: | | a a a a a a a a a a a a a a a a a a a | 1,000 sq. ft. or less | | 194.64 | | 4 |
| Subdivision: | Lot no.: | | Ea. add'l 500 sq. ft. or portion | | 34.77 | | |
| | 2.00 110.1 | | Limited energy, residential (with above sq. ft.) | | 46.42 | | 2 |
| Tax map/parcel no.: | | | Limited energy, multi-family | | 91.72 | | 2 |
| | N OF WORK | | residential (with above sq. ft.) Services or feeders installation | | | | |
| INSTALL ELECTRICAL PO | WER TO (2) AIR (| EMPRESSI | 200 amps or less | 2 | The second second second second second | 231.46 | 2 |
| 4(1) DRYER | • | 1 | 201 amps to 400 amps | | 137.89 | | 2 |
| ☐ PROPERTY OWNER | ☐ TENANT | | 401 amps to 600 amps | +- | 229.34 | | 2 |
| Name: | | | 601 amps to 1,000 amps | \top | 299.93 | <u> </u> | 2 |
| Narrie. | | | Over 1,000 amps or volts | | 690.22 | | 2 |
| Address: | | [| Utility reconnect | | 91.72 | | 1 |
| City/State/ZIP: | | | Temporary services or feeder relocation | s installa | | ation, and/or | 250 |
| Phone: | Fax: | | 200 amps or less | $+\!-\!$ | 91.72 | 1 | 2 |
| E-mail: | <u></u> | | 201 amps to 400 amps | | 127.41 | | 2 |
| 1"III (1). | | | 401 amps to 600 amps | | 184.11 | + | 2 |
| Owner Installation: This installation is being made | on property that I own, which is not inte- | nded for | 601 amps to 1,000 amps Branch circuits – new, alterat | lon or av | 225.29 | and consequences | 2 |
| sale, lease, rent, or exchange. | D-t- | | A. Fee for branch circuits with | 011, 01 48 | terision, p | ier parter | |
| Owner signature: APPLICANT | Date: | | above service or feeder fee, each branch circuit | 2 | 4.26 | 8.52 | 2 |
| | E COMACI FERGO | | B. Fee for branch circuits without service or feeder fee | , | 81.14 | | 2 |
| Business name: | | | first branch circuit | · | _ | | |
| Contact name: | | | Each add'l branch circuit | | 4.26 | | <u> </u> |
| Address: | | | Miscellaneous (service or fee Each manufactured or modular | zer not in | T | 1 | |
| Object 7D | | | dwelling, service, and/or feeder | | 91.72 | | 2 |
| City/State/ZIP: | F | | Pump or irrigation circle | | 91.72 | | 2 |
| Phone: | Fax: | | Sign or outline lighting Signal circuit(s) or limited-energ | | 91.72 | | 2 |
| E-mail: | | | panel, alteration, or | y | 91.72 | | 2 |
| CONTRA | CTOR | | extension. Describe: | | 31.12 | | _ |
| Business name: PHOENIX ELE | CTRIC | | Each additional inspection over allowable in any of the | | | | |
| Address: $f.o.$ Box 1403 | <i>:7</i> | | above | | | | |
| | DR 97293 | | Per inspection Investigation fee | | 81.14 | | |
| Phone: 503-231-8006 | Fax: | | Other: | | + | | - |
| | COP to no: 1/2772-2 | | Electrical permit fees | | | | |
| E-mall: terryk@phoenixpdx. | 69 lic. no.: 162753 | [| | BTOTAL | | 240.18 | 0.0 |
| Electrical lic. no.: CS9 | City or metro lic.: 8 46 9 | | Plan review (25 | | ····· | V 10.11 | |
| Supervising electrician signature, required: | ich | | State surcharge (12 | | | 28.82 | 0.0 |
| Print name: TER | RY KOCH Date: 9-13- | 2019 | | AL PERM | | 269.00\$0 | |
| P 11 1 | 7/ | <u> </u> | | ······································ | | | _ |
| Authorized signature: Very Keek | Date: 9-13-6 | 2019 | This permit application expire 180 days after it has i Number of inspections allowed per | oeen acce | | | m |
| Print name: IERRY KOCH | Date: 1"/7" | ye 1 | Form 870-1002 | | / 10/17 | | |

* Number of Inspi Form 870-1002



Renewable Electrical Energy Permit Application

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov Date Received 1/2019 Permit No.: B2019-3824

Date Issued: By:

CITY OF BEAVERTON
BUILDING DIVISION Payment Type:

| | TYPE O | F WORK | |
|--|-----------------------|--|--------------------------------|
| ☐ New construction | يستسن | ration/replacemen lar PV | l . |
| | CATEGORY OF | CONSTRUCTION | |
| ☐ 1- and 2-family dwelling ☐ Multi-family | ☐ Commercial/☐ Other: | industrial | Accessory building |
| | JOB SITE INFORMAT | ION AND LOCA | ITION |
| Job no.: | Job address: | | |
| City/State/ZIP: | | • | |
| Suite/bldg./apt. no.: | | Project name: | |
| Cross street/directions to job | site: | | |
| Subdivision: | | Lot no.: | |
| Tax map/parcel no.: | , | | |
| | DESCRIPTIO | N OF WORK | |
| Residential Roof | ftop Solar PV | 7.75 | kW |
| ☐ PROPERTY | OWNER | | ☐ TENANT |
| Name: | | | |
| Address: | | | |
| City/State/ZIP: | | | |
| Phone: | | Fax: | |
| E-mail: | | | |
| Owner installation: This install | e | | own, which is not intended for |
| | CONTRA | TOP | |
| Business name: Blue R | laven Solar, LL0 | | |
| Address: 1403 North Re | esearch Way | | |
| City/State/ZIP: Orem, U | T 84097 | | |
| Phone: 385-482-0045 | | Fax: | |
| E-mail: permitting.departmen | t@blueravensolar.com | CCB lic. no.: 21 | 0112 |
| Electrical lic. no.: c1214 | | City or metro lic. | .: 5869S |
| Supervising electrician signature, required: | Samuel Collier | | |
| Print name: Samuel Co | | | Date: 07/30/2019 |
| Authorized signature: Jeg | frey Lee | | |
| Print name: Jeff Lee | , | ************************************** | Date: 07/30/2019 |

| HEDULE | | | | | | | |
|---|---|----------------------|--|--|--|--|--|
| Denoughle energy installation out | | | | | | | |
| | 81.14 | | | | | | |
| 1 | 115.83 | L | | | | | |
| 137.89 | | | | | | | |
| | 229.34 | | | | | | |
| | 80.00 | | | | | | |
| | 81.14 | | | | | | |
| OTALS | Re | calculate | | | | | |
| | lotal | 0.00 | | | | | |
| <c box="" check="" if="" is="" p="" plan="" required<="" review=""> Plan review required for systems over 25 kva at 25% of Subtotal. No 12% surcharge on plan review fee. (25% of permit fee)</c> | | | | | | | |
| % of permit | fee) | 0.00 | | | | | |
| TOTAL PERMIT FEE | | | | | | | |
| | No. of Items 1 OTALS Subtoms over 25 ircharge on % of permit | No. of Cost Each | | | | | |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Form B70-1005

REV 10/17

B2019-3809

City Of Beaverton

12725 SW Milikan Way Beaverton, OR 97076

Beaverton Phone: 503-526-2542

Beaverton Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

Commercial Electrical Authorization To Begin Work

Approval Code: 08792G 9/10/2019 7:09 am

E-mailed To: paul@timberlineelectric.com

05350-BEL-19-00790

| TYPE OF WORK |
|---|
| New Construction Addition/alteration/replacement |
| CATEGORY OF CONSTRUCTION |
| 1 or 2 family dwelling Multi-family Commercial Accessory |
| JOB SITE INFORMATION AND LOCATION |
| Job Address: 9300 SW GEMINI DR |
| City/State/ZIP: BEAVERTON, OR 97008 |
| Suite/bldg./apt.no.: |
| Project Name: Biamp Office |
| Cross Street/directions to job site: |
| Tax map/parcel no.: 1S127DB00201 |
| DESCRIPTION OF WORK |
| Minor office remodel |
| |
| APPLICANT |
| Name: Timberline Contractors |
| Phone: 503-459-4089 Fax: 503-245-4227 |
| Email: |
| CONTRACTOR |
| Elec lic. no.: 26-1211C CCB lic. no.: 160037 |
| Business Name: TIMBERLINE ELECTRICAL CONTRACTORS INC |
| Contact: |
| Address: PO BOX 918 |
| City/State/ZIP: LAKE OSWEGO, OR 97034 |
| Phone: 5034594089 Fax: 5032544227 |
| Email: pat@timberlineelectric.com |
| Metro lic. no.: City lic. no.: |
| Supervising Electrician's lic. no.: |
| Supervising Electrician's Name: |
| Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 All Other Services: 2 |

| | | | | | | _ | | | | | | | | |
|--------|---------|-------|-------------|------|---------|-------|---------------|--------|----------|------|----|----------|----|-------|
| Jpon | review | and | approval | by | your | local | jurisdiction, | your | permit | will | be | e-mailed | or | faxed |
| within | one hus | iness | day, with i | nstr | uctions | on ho | w to schedule | your i | nspectio | n. | | | | |

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

| PLAN | REVIEW | | | | | | |
|--|---|--|--------------|--|--|--|--|
| Please check all that apply: | Haz | ardous locatio | ns | | | | |
| A service or feeder beginning at 400 Amps where the | A service or feeder rated at 600 amps or more | | | | | | |
| available fault current exceeds 10,000 Amps at 150 Volts or | ☐ Buile | lings more tha | n three stor | | | | |
| less to ground exceeds | Mari | nas and boat | yards | | | | |
| 14,000 Amps for all other | = | ting buildings | | | | | |
| Fire pumps | _ | imercial-use a fings | gricultural | | | | |
| Emergency systems | | allation of a 15 | | | | | |
| Addition of a new motor load of 100 HP or more | | er seperately | | | | | |
| Six or more residential units in | - | 'E", or "I-2" or "I-3" eational Vehicle Parks | | | | | |
| one structure Health care facilities | Supply voltage for more than | | | | | | |
| | 600 supply volts nominal | | | | | | |
| FEE SO | CHEDULI | | | | | | |
| Description | Qty. | Ea. | Total | | | | |
| Branch circuits | | | | | | | |
| Branch circuits without service or feeder | 1 | \$81.14 | \$81.14 | | | | |
| Branch circuits each additional circuit without service | 9 | \$4.26 | \$38.34 | | | | |
| Electrical Permit Fees | | | | | | | |
| Subtotal | | | \$119.48 | | | | |
| State surcharge (12% of permit total) | | | \$14.34 | | | | |
| TOTAL PERMIT FEE | | | \$133.82 | | | | |

B2019-3780

City Of Beaverton

12725 SW Milikan Way Beaverton, OR 97076

Beaverton Phone: 503-526-2542

R E G Q N Email: cunderwood@beavertonoregon.gov

Residential Electrical Authorization To Begin Work 05350-BEL-19-00789

Approval Code: 027239 9/9/2019 6:57 pm

E-mailed To: donwilsue4@aol.com

\$81.14

\$472.86

\$183.44

\$737.44 \$88.49

\$825.93

| | | | | | | | CONTRACTOR STREET, THE RESIDENCE OF THE PROPERTY OF |
|---|-------------------------------------|---------------------------------------|--|---|-------------------|---------------------------------|---|
| TYPE O | WORK | | PLAN | REV | IEW | | |
| ☐ New Construction | X Addition/alteration/replacement | P | lease check all that apply: | | Hazard | ous location | าร |
| CATEGORY OF (| CONSTRUCTION |] [[| A service or feeder beginning at 400 Amps where the | | | ce or feede ps or more | |
| 1 or 2 family dwelling X Multi-family | Commercial Accessory | ∐ L | available fault current exceeds 10,000 Amps at 150 Volts or | | Building | gs more tha | n three stor |
| JOB SITE INFORMAT | ION AND LOCATION | | less to ground exceeds | | Marina | s and boat | yards |
| Job Address: 12124 SW WALDEN LN | | | 14,000 Amps for all other | | Floatin | g buildings | |
| City/State/ZIP: BEAVERTON, OR 97008 | |] [| Fire pumps | | Commo building | ercial-use a gs | gricultural |
| Suite/bldg./apt.no.: | | ֓֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓ | Emergency systems | | | tion of a 15 | |
| Project Name: Redwood creek Apt | | ┧┞ | Addition of a new motor load of 100 HP or more | | | seperately on ", or "I-2" or | • |
| | | ┧ [| Six or more residential units in | | | tional Vehic | |
| Cross Street/directions to job site: Bld #7 | | 11. | one structure | | | voltage for | |
| Tax map/parcel no.: 1S1270000208 | | - <u> </u> | Health care facilities | | 600 su | pply volts n | ominal |
| | N OF WORK | | FEE S | 3HEI | DULE | | |
| New circuits for washer, dryer, micro hood all ne | | | escription | Visua e e e e e e e e e e e e e e e e e e e | Qty. | Ea. | Total |
| Cadet heaters and T stats | or dorious and make highlings the h | 1 250 | ranch circuits | 1 | | | |
| | | 1 1 | ranch circuits without service or eeder | | 1 | \$81.14 | \$81 |
| APPL | CANT | 299 | tranch circuits each additional ircuit without service | | 111 | \$4,26 | \$472 |
| Name: Chris Riehle | | M | iscellaneous | | | | |
| Phone: 5034770704 | Fax: | | Signal circuit(s) or limited-energy vanel, alteration, or extension | | 2 | \$91.72 | \$183 |
| Email: | | | lectrical Permit Faes | - 1 | | 1 | |
| CONTR | ACTOR | *** | Subtotal | | | | \$737 |
| Elec lic. no.: C427 C | CB IIc. no.: 95163 | | State surcharge (12% of permit otal) | | | | \$88 |
| Business Name: QUALITY PLUS FRAMING & | ELECTRICAL INC | <u> </u> | OTAL PERMIT FEE | | | | \$825 |
| Contact: | | | | ٠ | | | |
| Address: 16037 SW BOWMAN LN | | | | | | | |
| City/State/ZIP: SHERWOOD, OR 97140 | | | | | | | |
| Phone: 5037991639 | Fax: | _ | | | | | |
| Email: donwilsue4@aol.com | | | | | | | |
| Metro lic. no.: | City lic. no.: | 4 | | | | | |
| Supervising Electrician's lic. no.: | | | | | | | |
| Supervising Electrician's Name: | | | | | | | |
| Number of inspections included in paid servi | ces: | | | | | | |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Residential Service: Reconnect Only: All Other Services:

Residential Electrical Authorization To Begin Work

averton Phone: 503-526-2542

12725 SW Milikan Way Beaverton, OR 97076

ที่ Email: cunderwood@beavertonoregon.gov

05350-BEL-19-00793

Approval Code: 02294G 9/10/2019 2:14 pm E-mailed To: Dreamhouseelectric@gmail.com

\$12.78

\$93.92

\$11.27

\$105.19

\$4.26

| PLAN | RE\ | /IEW | | | | | |
|--|---------------------------------------|--|---|---------------|--|--|--|
| Please check all that apply: | | Hazaro | ious locatio | ns | | | |
| A service or feeder beginning at 400 Amps where the | | r rated at | | | | | |
| available fault current exceeds 10,000 Amps at 150 Volts or | | Buildin | gs more tha | an three stor | | | |
| less to ground exceeds | | Marina | s and boat | yards | | | |
| 14,000 Amps for all other | | Floating buildings | | | | | |
| Fire pumps | Commercial-use agricultural buildings | | | | | | |
| Emergency systems | | Installa | Installation of a 150 KVA or | | | | |
| Addition of a new motor load of 100 HP or more | _ | larger seperately derived sys | | | | | |
| Six or more residential units in one structure | | A", "E", or "i-2" or "i-3" Recreational Vehicle Parks | | | | | |
| Health care facilities | L | | Supply voltage for more than 600 supply volts nominal | | | | |
| FEE SC | ЗНЕ | DULE | | | | | |
| Description | | Qty. | Ea. | Total | | | |
| Branch circuits | | | | | | | |
| Branch circuits without service or feeder | | 1 | \$81.14 | \$81.14 | | | |

Branch circuits each additional circuit without service Electrical Permit Fees

State surcharge (12% of permit

TOTAL PERMIT FEE

Subtotal

total)

| [7] N O | |
|--|---|
| New Construction | Addition/alteration/replacement |
| CATE | GORY OF CONSTRUCTION |
| X 1 or 2 family dwelling | Multi-family Commercial Accessory |
| | INFORMATION AND LOCATION |
| Job Address: 16019 SW WAXW | ING WAY |
| City/State/ZIP: BEAVERTON, OF | ₹ 97007 |
| Suite/bldg./apt.no.: | |
| Project Name: Wolfe Residence | |
| Cross Street/directions to job sit | te: |
| Tax map/parcel no.: 1S132B | B00600 |
| DI | ESCRIPTION OF WORK |
| 3 bathrooms and laundry room up | odates |
| | |
| | APPLICANT |
| Name: Christopher Mahoney | |
| Phone: 5035196711 | Fax: |
| | ı ax. |
| Email: | I ax. |
| Email: | CONTRACTOR |
| Email: Elec lic. no.: C848 | |
| | CONTRACTOR CCB lic. no.: 196726 |
| Elec IIc. no.: C848 | CONTRACTOR CCB lic. no.: 196726 |
| Elec IIc. no.: C848 Business Name: DREAMHOUSE | CCB lic. no.: 196726 |
| Elec Iic. no.: C848 Business Name: DREAMHOUSE Contact: | CONTRACTOR CCB lic. no.: 196726 ELECTRIC LLC |
| Elec Iic. no.: C848 Business Name: DREAMHOUSE Contact: Address: 221 SW MOONRIDGE | CONTRACTOR CCB lic. no.: 196726 E ELECTRIC LLC PL |
| Elec Iic. no.: C848 Business Name: DREAMHOUSE Contact: Address: 221 SW MOONRIDGE City/State/ZIP: PORTLAND, OR | CONTRACTOR CCB lic. no.: 196726 E ELECTRIC LLC PL 97225 Fax: |
| Elec IIc. no.: C848 Business Name: DREAMHOUSE Contact: Address: 221 SW MOONRIDGE City/State/ZIP: PORTLAND, OR Phone: 5035196711 | CONTRACTOR CCB lic. no.: 196726 E ELECTRIC LLC PL 97225 Fax: |
| Elec IIc. no.: C848 Business Name: DREAMHOUSE Contact: Address: 221 SW MOONRIDGE City/State/ZIP: PORTLAND, OR Phone: 5035196711 Email: Dreamhouseelectrlo@gmail | CONTRACTOR CCB lic. no.: 196726 E ELECTRIC LLC PL 97225 Fax: all.com City lic. no.: |
| Elec IIc. no.: C848 Business Name: DREAMHOUSE Contact: Address: 221 SW MOONRIDGE City/State/ZIP: PORTLAND, OR Phone: 5035196711 Email: Dreamhouseelectric@gmailed. | CONTRACTOR CCB lic. no.: 196726 E ELECTRIC LLC PL 97225 Fax: all.com City lic. no.: |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Bx19-3820

City Of Beaverton

12725 SW Milikan Way eaverton Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

Beaverton, OR 97076

Commercial Electrical Authorization To Begin Work 05350-BEL-19-00792

Approval Code: 510194 9/10/2019 1:49 pm

E-mailed To: Kandice@nwsteele.com

| TYPE OF WORK |
|--|
| ☐ New Construction ☐ Addition/alteration/replacement |
| CATEGORY OF CONSTRUCTION |
| 1 or 2 family dwelling Multi-family Commercial Accessory |
| JOB SITE INFORMATION AND LOCATION |
| Job Address: 7677 SW CIRRUS DR |
| City/State/ZIP: BEAVERTON, OR 97008 |
| Suite/bldg./apt.no.: |
| Project Name: 170910 32H |
| Cross Street/directions to job site: |
| Tax map/parcel no.: 1S122DD00300 |
| DESCRIPTION OF WORK |
| Panel Change |
| |
| |
| APPLICANT |
| Name: Kandice Brown |
| Phone: 5032681311 Fax: 5033726448 |
| Email: |
| CONTRACTOR |
| Elec lic. no.: C489 CCB lic. no.: 186140 |
| Business Name: STEELE ELECTRIC LLC |
| Contact: |
| Address: 716 Roxe Drive |
| City/State/ZIP: FOREST GROVE, OR 97116 |
| Phone: 5032681311 Fax: 5033726448 |
| Email: dan@nwsteele.com |
| Metro lic. no.: |
| Supervising Electrician's lic. no.: |
| Supervising Electrician's Name: |
| Number of inspections included in paid services: |
| Residential Service: 4 Reconnect Only: 1 |
| All Other Services: 2 |

| All C | ther Se | rvice | s: | 2 | | | | | | | , |
|-------|---------|-------|----|---|---|---------------|--|------|----------|----|-------|
| | | | | | - | Jurisdiction, | | be | e-malled | ог | faxed |

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

| PLAN | REVIEW | | | | | | |
|--|--|-----------------------|--------------|--|--|--|--|
| Please check all that apply: | Haza | rdous location | s | | | | |
| A service or feeder beginning at 400 Amps where the | A service or feeder rated at 600 amps or more | | | | | | |
| available fault current exceeds 10,000 Amps at 150 Volts or | Buildi | ngs more thai | n three stor | | | | |
| less to ground exceeds | Marin | as and boat y | ards | | | | |
| 14,000 Amps for all other | Floati | ing buildings | | | | | |
| Fire pumps | Comi buildi | nercial-use ag ngs | pricultural | | | | |
| Emergency systems | | lation of a 150 | | | | | |
| Addition of a new motor load of 100 HP or more | larger seperately derived sys "A", "E", or "I-2" or "I-3" Recreational Vehicle Parks | | | | | | |
| Six or more residential units in | | | | | | | |
| one structure | | | | | | | |
| Health care facilities | Supply voltage for more than 600 supply volts nominal | | | | | | |
| FEE S | CHEDULE | | | | | | |
| Description | Qty. | Ea. | Total | | | | |
| Services or feeders | | | | | | | |
| Services 200 amps or less | 1 | \$115.83 | \$115.83 | | | | |
| Electrical Permit Fees | | | | | | | |
| Subtotal | | | \$115.83 | | | | |
| State surcharge (12% of permit total) | | | \$13.90 | | | | |
| TOTAL PERMIT FEE | | | \$129.73 | | | | |

B2019-3819

City Of Beaverton

Beaverton Phone: 503-526-2542

R Email: cunderwood@beavertonoregon.gov

12725 SW Milikan Way Beaverton, OR 97076

Residential Electrical Authorization To Begin Work 05350-BEL-19-00791

Please check all that apply:

Approval Code: 00350D 9/10/2019 1:13 pm

PLAN REVIEW

E-mailed To: office@falconelectricco.com

Hazardous locations

| ☐ New Construction ☐ Addition/alteration/replacement |
|--|
| CATEGORY OF CONSTRUCTION |
| X 1 or 2 family dwelling Multi-family Commercial Accessory |
| JOB SITE INFORMATION AND LOCATION |
| Job Address: 3737 SW 117TH AVE |
| City/State/ZIP: BEAVERTON, OR 97005 |
| Suite/bldg./apt.no.: 73 |
| Project Name: |
| Cross Street/directions to job site: |
| Tax map/parcel no.: 1S110CD00801 |
| DESCRIPTION OF WORK |
| Electrical post was removed at time of fire, needs to be re-installed. |
| , |
| APPLICANT |
| Name: Scott Humphrey |
| Phone: 5032084709 Fax: |
| Email: |
| CONTRACTOR |
| |
| Elec lic. no.: C969 CCB lic. no.: 200111 |
| Elec lic. no.: C969 CCB lic. no.: 200111 Business Name: FALCON ELECTRIC INC |
| |
| Business Name: FALCON ELECTRIC INC |
| Business Name: FALCON ELECTRIC INC Contact: |
| Business Name: FALCON ELECTRIC INC Contact: Address: 10180 SW PARK WAY STE C |
| Business Name: FALCON ELECTRIC INC Contact: Address: 10180 SW PARK WAY STE C City/State/ZIP: PORTLAND, OR 97225 |
| Business Name: FALCON ELECTRIC INC Contact: Address: 10180 SW PARK WAY STE C City/State/ZIP: PORTLAND, OR 97225 Phone: 5032084709 Fax: |
| Business Name: FALCON ELECTRIC INC Contact: Address: 10180 SW PARK WAY STE C City/State/ZIP: PORTLAND, OR 97225 Phone: 5032084709 Fax: Email: OFFICE@FALCONELECTRICCO.COM |
| Business Name: FALCON ELECTRIC INC Contact: Address: 10180 SW PARK WAY STE C City/State/ZIP: PORTLAND, OR 97225 Phone: 5032084709 Fax: Email: OFFICE@FALCONELECTRICCO.COM Metro lic. no.: City lic. no.: |
| Business Name: FALCON ELECTRIC INC Contact: Address: 10180 SW PARK WAY STE C City/State/ZIP: PORTLAND, OR 97225 Phone: 5032084709 Fax: Email: OFFICE@FALCONELECTRICCO.COM Metro lic. no.: City lic. no.: Supervising Electrician's lic. no.: Supervising Electrician's Name: Number of inspections included in paid services: |
| Business Name: FALCON ELECTRIC INC Contact: Address: 10180 SW PARK WAY STE C City/State/ZIP: PORTLAND, OR 97225 Phone: 5032084709 Fax: Email: OFFICE@FALCONELECTRICCO.COM Metro lic. no.: City lic. no.: Supervising Electrician's lic. no.: Supervising Electrician's Name: |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

| A service or feeder beginning at 400 Amps where the | | | ice or feede nps or more | | | |
|--|-----|------------------------|---|--------------|--|--|
| available fault current exceeds 10,000 Amps at 150 Volts or | | Buildin | Bulldings more than three stor | | | |
| less to ground exceeds | | Marinas and boat yards | | | | |
| 14,000 Amps for all other | | Floatin | ıg buildings | | | |
| Fire pumps | | Comm buildin | ercial-use a gs | ngricultural | | |
| Emergency systems | | | ation of a 15 | | | |
| Addition of a new motor load of 100 HP or more | _ | - | seperately on the seperate or | - | | |
| Six or more residential units in one structure | | , | ational Vehi | | | |
| Health care facilities | | | voltage for opply volts n | | | |
| FEE.SC | HED | ULE | | | | |
| Description | | Qty. | Ea. | Total | | |
| Services or feeders | | | | | | |
| Services 200 amps or less | | 1 | \$115.83 | \$115.83 | | |
| Electrical Permit Fees | | | | | | |
| Subtotal . | | | | \$115.83 | | |
| State surcharge (12% of permit total) | | | | \$13.90 | | |
| | ı | | | \$129.73 | | |



Electrical Permit Application

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov

| OFFICE | EUSE ONLY |
|----------------|--------------------------|
| Date Received: | Permit No.: 32019 - 3749 |
| Date Issued: | (BV) |
| | Payment Type: |

| | CATEGORY OF G | ONSTRUCTIO | NC | |
|--|---|---------------------------------------|--|--|
| ☐ 1- and 2-family dwelling | ☑ Commercial/in | | ☐ Accessory building | |
| ☐ Multi-family | ☐ Master builder | | ☐ Other: | |
| -/ | JOB SITE INFORMATIO | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | O + |
| Job no.: | Job address: 14723 | SW Teal | Blvd | |
| city/State/ZIP: Beavert | ton OR 97007 | | | |
| Suite/bidg./apt. no.: | | Project name: | Insomnia/Kerner | Resid |
| Cross street/directions to job | site: | | | 1,000 |
| Subdivision: | | Lot no.: | | Ea. a |
| · | | | | <u> </u> |
| Tax map/parcel no.: | DESCRIPTION | OF WORK | | Lir res |
| Relocate low-voltage | | OF MONK | | Serv |
| ielocate low-voltage | monnotal wire. | | • | 200 2 |
| II PROPERTY | OWNER | | ⊠ TENANT | 3 401 s |
| Name: Insomnia Coffe | 13.53 | e v spekale komit in 1990. | er en in de la secretario de la company de l | 601 z |
| Address: 14723 SW Te | | <u>,,,</u> | | Over |
| | | | | Utility Tem |
| cily/State/ZIP: Beaverto | | | | reloc |
| Phone: (503) 539-819 | 1 | Fax: | | 1 1 |
| | | | | 201 <i>i</i> |
| E-mail: rbkerner@gma | ail.com | | | 401 : |
| Owner installation: This ins | stallation is being made or | n property that | I own, which is not intended for | 401 a |
| Owner installation: This installation this installation this installation to exchange | stallation is being made or e. | n properly that | | 401 : 601 : Bran |
| Owner installation: This ins sale, lease, rent, or exchang Owner signalure: | stallation is being made or e. | · | Dale: | 401 a 601 a Bran A. Fe |
| Owner installation: This installation: This installation: This installation: Owner signature: | staliation is being made or ie. CANT | | | 401 a 601 a Bran A. Fe at ea |
| Owner installation: This ins sale, lease, rent, or exchang Owner signature: | staliation is being made of e. SANT WNET DITECT HVAC | | Dale: | 401 : 601 : Bran A. Fr. at ex |
| Owner Installation: This ins sale, lease, rent, or exchang Owner signalure: | staliation is being made of e. SANT WNET DITECT HVAC | | Dale: | 401 : 601 : 8 Feb. A. Fe al B. Fe w fir Each |
| Owner installation: This installation: This installation: This installation: Cowner signature: | staliation is being made of ie. CANT Wner Direct HVAC ne Stepisnik | | Dale: | 401: 601: Brer A. F. al ex B. F. w fin Eacl Misc |
| Owner installation: This installation: This installation: This installation: Content signature: Business name: Best O Contact name: Chandri | staliation is being made of e. CANT wner Direct HVAC ne Stepisnik der St | | Dale: | 401 : 601 : Brain A. F. at ex B. F. Wifi Each Misc Each dwel |
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| Owner Installation: This installation: This installation: This installation: This installation: This installation: The installation: The installation of exchange owner signature: Business name: Best O Contact name: Chandri Address: 800 S Olean City/State/ZIP: Cornelius: Phone: (971) 270-652 E-mail: bestownerdire Business name: Best O Address: 800 S Olean | cant wher Direct HVAC ne Stepisnik der St s OR 97113 company of the contract o | Fax: | Dale: | 401 : 601 : Bran A. Fe at ex B. Fe Wi Fact Misc Each dwel Pum Sign sign pi imited Each over abo |
| Owner Installation: This installation: This installation: This installation: This installation: This installation: The i | cant wher Direct HVAC ne Stepisnik der St s OR 97113 co ct@yahoo.com contrac wher St der St | Fax: | Dale: | B. Fe B. Fe Wifir Each Misc Each dwel Pum Sign Sign pi limited Each Over above Inve: |
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| Owner Installation: This installation: This installation: This installation: This installation in the sale, lease, rent, or exchang Owner signature: Business name: Best O Contact name: Chandri Address: 800 S Olean City/State/ZIP: Cornelius Phone: (971) 270-652 E-mail: bestownerdire Business name: Best O Address: 800 S Olean City/State/ZIP: Cornelius Phone: (503) 442-59 | cant wner Direct HVAC ne Stepisnik der St s OR 97113 co ct@yahoo.com contrac bwner Direct HVAC nder St | Fax: | Dale: | 401 s 601 s Brain A. Fe at ez B. Fe W fire Each Misc Each Qwel Pum Sign Sign pa e) ilmited Each over abor Per i |
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| Owner Installation: This imsale, lease, rent, or exchang Owner signature: Business name: Best O Contact name: Chandri Address: 800 S Olean City/State/ZIP: Cornelius Phone: (971) 270-652 E-mail: bestownerdire Business name: Best O Address: 800 S Olear City/State/ZIP: Cornelius Phone: (503) 442-59 E-mail: bestownerdire | cant wner Direct HVAC ne Stepisnik der St s OR 97113 ct@yahoo.com contrac wner Direct HVAC nder St | Fax: CCB lic. no.: | Dale: | 401 s 601 s Brain A. Fe at ez B. Fe W fire Each Misc Each Qwel Pum Sign Sign pa e) ilmited Each over abor Per i |
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| sale, lease, rent, or exchange Owner signature: Business name: Best O Contact name: Chandri Address: 800 S Olean City/State/ZIP: Cornelius Phone: (971) 270-652 E-mail: bestownerdire Business name: Best O Address: 800 S Olean City/State/ZIP: Cornelius City/State/ZIP: Cornelius City/State/ZIP: Cornelius Phone: (503) 442-598 E-mail: bestownerdire Electrical lic. no.: 4419 Supervising electrician signature, required: Print name: Kevin Ste | cant wner Direct HVAC ne Stepisnik der St s OR 97113 ct@yahoo.com contrac wner Direct HVAC nder St | Fax: CCB lic. no.: | Dale: | 401 Brar A F al ex B. F W in Eacl Misc Eacl dwe Punn Sign p e ilmited Eacl ove abo Per Inve |

| Paymer | nt Type: | | | |
|--|-------------------------------------|---|---|--|
| PLAN | REVIEW | 1 ,2 (17) | a time a | |
| Please check all that apply: | Serv | ice or feede | over 600 amp | \$ |
| | ☐ Buik | iing over th | ree stories | |
| or more | ☐ Mari | nas and bo | alyards | |
| | | ting buildin | | |
| | | | e agricultural | |
| ☐ Addition of new motor | | lings | | |
| | | | KVA or larger | - |
| ☐ Six or more residential units | | rately derive | | |
| | ∐ 'A, ' | E, '1-2,' 1-3 | occupancy | |
| | | | hicle parks | |
| FEE SC Description | City. | E Fee | Total | * |
| Residential single- or multi-fami Includes attached garage | ly dwel | ling unit | i sa garanta da | |
| 31. 132. <u>1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1</u> | 1000000 | 194.64 | 553 - 045 EQ. 14 SEKT 3 11 11 11 | 4 |
| 1,000 sq. ft. or less | | | | |
| Ea. add't 500 sq. ft. or portion | | 34.77 | | |
| Limited energy, residential | | 46.42 | i | 2 |
| (with above sq. ft.) | | 70.72 | · | _ |
| Limited energy, multi-family | İ | 91.72 | 1 | 2 |
| residential (with above sq. ft.) | 10.2 00.00 | #1557-15-17-15-42-25. | TO VENEZ EL SOLOTO LA | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 |
| Services or feeders installation, | alterati | on, and/or | relocation | V. V. |
| 200 amps or less | 1 | 115,83 | • | 2 |
| 201 amps to 400 amps | 1 | 137.89 | | 2 |
| | + | 229.34 | | 2 |
| 401 amps to 600 amps | | | | |
| 601 amps to 1,000 amps | | 299.93 | · | 2 |
| Over 1,000 amps or volts | | 690.22 | | 2 |
| | | 91.72 | | 1 |
| Temporary services or feeders Installation, alteration, and/or | | | | |
| relocation | Charles Mark | | 7.6-75-72-72-71-74 | 1000 |
| 200 amps or less | 1 | 91.72 | | 2 |
| 201 amps to 400 amps | | 127.41 | | 2 |
| 401 amps to 600 amps | | 184.11 | | 2 |
| 601 amps to 1,000 amps | | 225,29 | | 2 |
| | Acres 10 (1987) 10 (1987) 10 (1987) | | (5 5) | |
| Branch circuits - new, alteration | n, or ex | rension, pi | er parier | |
| A. Fee for branch circuits with | 1 | 4.26 | | Ź |
| above service or feeder fee, each branch circuil | 1 | 4.2.0 | | 2. |
| B. Fee for branch circuits | | | | |
| without service or feeder fee, | | 81.14 | | 2 |
| first branch circuit | | - ,,, , | | - |
| Each add'l branch circuit | | 4.26 | | |
| Miscellaneous (service or feede | r not in | cluded) | 40.49.50.54 | 176 |
| Each manufactured or modular | 1 (100 (1) | T | XA MANAGAMAN AND A | |
| dwelling, service, and/or feeder | 1 | 91.72 | | 2 |
| Pump or irrigation circle | 1 | 91.72 | | 2 |
| | + | | | |
| Sign or outline lighting | 1 | 91.72 | | 2 |
| Signal circuit(s) or limited-energy | - | | | |
| panel, alteration, or | 1 | 91.72 | 91.72 | 2 |
| extension. Describe: limited-energy thermostal wire moved. | | * ' ' ' | , | |
| | 95 | | | — |
| Each additional inspection | § 1 | | - | |
| over allowable in any of the | | | | |
| above | Š | | | · |
| Per inspection | | 81.14 | | |
| Investigation fee | 1 | † * * * * * * * * * * * * * * * * * * * | | |
| | | | · | - |
| Other: | | <u> </u> | | |
| Electrical permit fees | <u> </u> | | | L |
| Interest programme in the programme of the p | SUBTOTAL | | | 1.7 |
| | TOTAL | Plan review (25% of permit fee) | | |
| SUB | | rmit fee) | | |
| SUB Plan review (25% | % of pe | | 1 | 1.0 |
| SUB | % of pe | | 1 \$10 | 1.0 |

nit application expires if a permit is not obtained within 80 days after it has been accepted as complete finspections allowed per permit. REV 10/17



12725 SW Milikan Way

Commercial Electrical Authorization To Begin Work 05350-BEL-19-00772 620P1-3758

Approval Code: 514053 9/4/2019 1:35 pm

E-mailed To: peter@cepdx.com

| | TYPE O | FWORK | | | |
|--|---------------------------------|------------------------|--------------------|-----------------------|-----------------------|
| New Construction | | X Addition/alte | ration/replacement | Please c | heck al |
| | CATEGORY OF | CONSTRUCTION | | — | ervice or 00 Amp |
| 1 or 2 family dwelling | MultI-family | X Commercial | Accessory | | ilable fa 000 Amp |
| JOB | SITE INFORMAT | ION AND LOCAT | ION | less | to grou |
| Job Address: 13955 SW I | MILLIKAN WAY | | | 14,0 |)00 Amp |
| City/State/ZIP: BEAVERTO | ON, OR 97005 | | | 1 II | pumps |
| Suite/bldg./apt.no.: | | | | | ergency |
| Project Name: C190660 - I | RFID Scanners | | | | ition of a 00 HP o |
| Cross Street/directions to | job site: | | | — | or more structur |
| Tax map/parcel no.: 15 | S109CD00200 | | | Heal | Ith care |
| The state of the s | DESCRIPTIO | N OF WORK | | | |
| Provide, install, terminate a | ınd test cat6e Nike ne | twork cable to 8 scanr | ers. | Descript Miscella | Davinsa otkusterio |
| | | | | Signal cir | economic variables of |
| | | | | panel, alt | teration |
| Name: Peter Bledsoe | APPLI | CANT | | Electrica Subtotal | II Kem |
| Teame. I etci biousoo | | | | State sur | rcharge |
| Phone: 5032559488 | | Fax: 5032551966 | | total) | |
| Email: | | | | TOTAL P | ERMIT |
| | CONTRA | ACTOR | | | |
| Elec lic. no.: 26-1054CLE | co | B (Ic. no.: 142457 | | 1 | |
| Business Name: CAPITOL | DATA & COMMUNIC | CATIONS INC | | l | |
| Contact: | | | | | |
| Address: 11401 NE MARX | | | : | | |
| City/State/ZIP: PORTLAND |), OR 972201041 | | | | |
| Phone: 5032559488 | | Fax: 5032551966 | | | |
| Email: RICHARDM@CPDX | (.COM | | | | |
| Metro lic. no.: | | City lic. no.: | | | |
| Supervising Electrician's li | c. no.: | | | | |
| Supervising Electrician's N | lame: | | | | |
| Number of inspections incl Residential Service: Reconnect Only: | luded in paid service 4 1 | es: | | | |

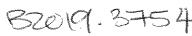
Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

All Other Services:

| PLAN.I | REVIEV | Ŋ | |
|---|----------|-------------------------------------|---------------|
| Please check all that apply: | ∐ На | zardous locati | ons |
| A service or feeder beginning at 400 Amps where the | | service or feed 0 amps or mor | |
| available fault current exceeds 10,000 Amps at 150 Volts or | ☐ Bu | ildings more th | an three stor |
| less to ground exceeds | ☐ Ma | arinas and boat | t yards |
| 14,000 Amps for all other | ☐ Flo | ating buildings | 3 |
| Fire pumps | | mmercial-use : ildings | agricultural |
| Emergency systems | learned. | tallation of a 1 | |
| Addition of a new motor load of 100 HP or more | | ger seperately | • |
| Six or more residential units in | _ | ', "E", or "I-2" o | |
| one structure | | creational Veh | |
| Health care facilities | | pply voltage fo D supply volts r | |
| FEESC | HEDUL | E | |
| Description | Qty | /. Ea. | Total |
| Miscellaneous | | | |
| Signal circuit(s) or limited-energy panel, alteration, or extension | 1 | \$91.72 | \$91.72 |
| Electrical Permit Fees | | | |
| Subtotal | | | \$91.72 |
| State surcharge (12% of permit total) | | | \$11.01 |
| TOTAL PERMIT FEE | | | \$102.73 |

12725 SW Milikan Way Beaverton, OR 97076



Commercial Electrical Authorization To Begin Work 05350-BEL-19-00771

Approval Code: 514062 9/4/2019 1:26 pm

E-mailed To: Greg@CEPDX.COM

B2019.3754 Beaverton Phone: 503-526-2542

R Email: cunderwood@beavertonoregon.gov

| TYPE OF WORK | | | | | | |
|---|--|--|--|--|--|--|
| New Construction Addition/alteration/replacement | | | | | | |
| CATEGORY OF CONSTRUCTION | | | | | | |
| 1 or 2 family dwelling Multi-family Commercial Accessory | | | | | | |
| JOB SITE INFORMATION AND LOCATION | | | | | | |
| Job Address: 13955 SW MILLIKAN WAY | | | | | | |
| City/State/ZIP: BEAVERTON, OR 97005 | | | | | | |
| Sulte/bldg./apt.no.: | | | | | | |
| Project Name: C190665 - AZA ELECT ROOM | | | | | | |
| Cross Street/directions to job site: | | | | | | |
| Tax map/parcel no.: 1S109CD00200 | | | | | | |
| DESCRIPTION OF WORK | | | | | | |
| Provide, Install, terminate and test complete ASG door package cable for electrical room access. | | | | | | |
| APPLICANT | | | | | | |
| Name: Greg Harmon | | | | | | |
| Phone: 5032559488 Fax: 5032551966 | | | | | | |
| Email: | | | | | | |
| CONTRACTOR | | | | | | |
| Elec lic. no.: 26-1054CLE CCB lic. no.: 142457 | | | | | | |
| Business Name: CAPITOL DATA & COMMUNICATIONS INC | | | | | | |
| Contact: | | | | | | |
| Address: 11401 NE MARX | | | | | | |
| City/State/ZIP: PORTLAND, OR 972201041 | | | | | | |
| Phone: 5032559488 Fax: 5032551966 | | | | | | |
| Email: RICHARDM@CPDX.COM | | | | | | |
| Metro lic. no.: City lic. no.: | | | | | | |
| Supervising Electrician's lic. no.: | | | | | | |
| Supervising Electrician's Name: | | | | | | |
| Number of Inspections included in paid services: Residential Service: 4 Reconnect Only: 1 All Other Services: 2 | | | | | | |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

| PLAN | RE\ | /IEW | | |
|---|-----|-----------------|--|--|
| Please check all that apply: | | Hazaro | lous location | ns |
| A service or feeder beginning at 400 Amps where the | | • | ce or feede nps or more | |
| available fault current exceeds 10,000 Amps at 150 Volts or | | Buildin | gs more tha | n three stor |
| less to ground exceeds | | Marina | s and boat | yards |
| 14,000 Amps for all other | | Floatin | g buildings | |
| Fire pumps | | Comm buildin | ercial-use a gs | gricultural |
| Emergency systems | Е | | ation of a 15 | |
| Addition of a new motor load of 100 HP or more | | | seperately o ", or "I-2" or | • |
| Six or more residential units in one structure | | Recrea | ational Vehic | cle Parks |
| Health care facilities | | | voltage for pply volts n | |
| FEESC | HE | DULE | | |
| Description | | Qty. | Ea. | Total |
| Miscellaneous | | | | PARTIES OF STATE OF S |
| Signal circuit(s) or limited-energy panel, alteration, or extension | | 1 | \$91.72 | \$91.72 |
| Electrical Permit Fees | | | The second secon | Andread Communication of Communication Commu |
| Subtotal | | | | \$91.72 |
| State surcharge (12% of permit total) | | | | \$11.01 |
| TOTAL PERMIT FEE | | | | \$102.73 |

12725 SW Millkan Way Beaverton, OR 97076 Phone: 503-526-2542



Commercial Electrical Authorization To Begin Work 05350-BEL-19-00777

Approval Code: 815001 9/5/2019 4:10 pm

E-mailed To: hillaryp@cepdx.com

Beaverton, OR 97076 Phone: 503-526-2542 Email: cunderwood@beavertonoregon.gov

| | TYPE OF WORK |
|---|---|
| New Construction | Addition/alteration/replacement |
| CAT | EGORY OF CONSTRUCTION |
| 1 or 2 family dwelling | Multi-family 🛛 Commercial 🔲 Accessory |
| JOB SIT | E INFORMATION AND LOCATION |
| Job Address: 11055 SW CAN | YON RD |
| City/State/ZIP: BEAVERTON, (| OR 97005 |
| Suite/bldg./apt.no.: | |
| Project Name: Kohls Sign | |
| Cross Street/directions to job | site: |
| Tax map/parcel no.: 1S110 | DDC00302 |
| | DESCRIPTION OF WORK |
| Wire up new sign on the exterio | or of the building that is facing highway 217 |
| | |
| | APPLICANT |
| Name: Hillary Porter | |
| Phone: 5032559488 | Fax: 5032551966 |
| Email: | |
| | CONTRACTOR |
| Elec lic. no.: 26-496C | CCB lic. no.: 48748 |
| Business Name: CAPITOL ELI | ECTRIC CO INC |
| Contact: | |
| Address: 11401 NE MARX ST | |
| City/State/ZIP: PORTLAND, O | R 972201041 |
| Phone: 5032559488 | Fax: 5032551966 |
| Email: DARRELL@CEPDX.CC | М |
| Metro lic. no.: | City lie. no.: |
| Supervising Electrician's lic. r | no.: |
| Supervising Electrician's Nam | ie: |
| Number of inspections included Residential Service: 4 Reconnect Only: 1 All Other Services: 2 | ed in paid services: |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

| PLAN | RE\ | /IEW | | |
|--|-------------|-----------------|---|--|
| Please check all that apply: | | Hazard | lous location | าร |
| A service or feeder beginning at 400 Amps where the | | | ce or feeder | rated at |
| available fault current exceeds 10,000 Amps at 150 Volts or | | Buildin | gs more tha | n three stor |
| less to ground exceeds 14,000 Amps for all other | | | s and boat y | /ards |
| 14,000 Amps for all other | Ļ | | g buildings | |
| Fire pumps | <u>L</u> | Comm buildin | ercial-use a: gs | gricultural |
| Emergency systems | | | tion of a 15 | |
| Addition of a new motor load of 100 HP or more | _ | | seperately d ". or "I-2" or | • |
| Six or more residential units in one structure | | | tional Vehic | |
| Health care facilities | | | voltage for pply voits no | |
| FEE SC | HE | DULE | | Control of the contro |
| Description | | Qty. | Ea. | Total |
| Branch circuits | | | | |
| Branch circuits without service or feeder | | 1 | \$81,14 | \$81.14 |
| Electrical Permit Fees | Name of the | | DA Warnel James Committee | A Company of the Comp |
| Subtotal | | | | \$81.14 |
| State surcharge (12% of permit total) | | | | \$9.74 |
| TOTAL PERMIT FEE | | | | \$90.88 |

B 2019-3804

City Of Beaverton

12725 SW Milikan Way Beaverton, OR 97076

eaverton Phone: 503-526-2542

R F G N Email: cunderwood@beavertonoregon.gov

Commercial Electrical Authorization To Begin Work 05350-BEL-19-00787

Approval Code: 055670 9/9/2019 2:28 pm

E-mailed To: BUSINESSPERMITS@VIVINT.COM

| TYPE OF WORK |
|---|
| ☐ New Construction X Addition/alteration/replacement |
| CATEGORY OF CONSTRUCTION |
| 1 or 2 family dwelling MultI-family X Commercial Accessory |
| JOB SITE INFORMATION AND LOCATION |
| Job Address: 17200 NW CORRIDOR CT |
| City/State/ZIP: BEAVERTON, OR 97006 |
| Sulte/bldg./apt.no.: 105 |
| Project Name: Burlingame PLace |
| Cross Street/directions to job site: |
| Tax map/parcel no.: 1N130DC01100 |
| DESCRIPTION OF WORK |
| Low Voltage Wireless Burglar Alarm Installation |
| |
| APPLICANT |
| Name: Jeff Burlingame |
| Phone: 5034865575 Fax: |
| Email: |
| CONTRACTOR |
| Elec lic. no.: CLE216 CCB lic. no.: 173349 |
| Business Name: VIVINT INC |
| Contact: |
| Address: 4931 N 300 W |
| City/State/ZIP: PROVO, UT 84604 |
| Phone: 8002165232 Fax: 8017058082 |
| Email: companylicensing@vivint.com |
| Metro IIc. no.: City IIc. no.: |
| Supervising Electrician's lic. no.: |
| Supervising Electrician's Name: |
| Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 All Other Services: 2 |

| L | | | | | | | | | | | | | | |
|--------|---------|-------|-------------|-------|---------|---------|---------------|--------|-----------|------|----|----------|----|-------|
| Upon | review | and | approval | by | your | local | jurisdiction, | your | permit | will | be | e-mailed | or | faxed |
| within | one bus | iness | day, with i | nstri | uctions | s on ho | w to schedule | your i | inspectio | n. | | | | |

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

| PLAN | REV | IEW | | | | | | |
|--|-----|---|-----------------------------------|----------|--|--|--|--|
| Please check all that apply: | | Hazard | dous locations | 8 | | | | |
| A service or feeder beginning at 400 Amps where the | | A service or feeder rated at 600 amps or more Buildings more than three stor | | | | | | |
| avallable fault current exceeds 10,000 Amps at 150 Volts or | | | | | | | | |
| less to ground exceeds 14,000 Amps for all other | | | is and boat ya ig buildings | ards | | | | |
| Fire pumps | | Commercial-use agricultural buildings | | | | | | |
| Emergency systems | П | | Installation of a 150 KVA or | | | | | |
| Addition of a new motor load of 100 HP or more | | larger seperately derived sys "A", "E", or "I-2" or "I-3" | | | | | | |
| Six or more residential units in one structure | | Recreational Vehicle Parks | | | | | | |
| Health care facilities | | ,,, | / voltage for r ipply volts no | | | | | |
| FEE S | CHE | DULE | | | | | | |
| Description | | Qty. | Ea. | Total | | | | |
| Limited Energy | | | | | | | | |
| Stand-alone limited energy, commercial | | 1 | \$91.72 | \$91.72 | | | | |
| Electrical Permit Fees | | | | | | | | |
| Subtotal | | | | \$91.72 | | | | |
| State surcharge (12% of permit total) | | | | \$11.01 | | | | |
| TOTAL PERMIT FEE | | | | \$102.73 | | | | |

Commercial Electrical Authorization To Begin Work

PLAN REVIEW

Approval Code: 132144 9/9/2019 4:00 pm

E-mailed To: megan.glazner@aronsonsecurity.com

05350-BEL-19-00788

| 1/ | | | | 12725 SW Milikan Way |
|---------------|-----|------|-----|---|
| \mathcal{N} | | | | Beaverton, OR 97076 |
| - 177 | Rea | N/OY | ton | Phone: 503-526-2542 |
| ٠, | O R | ΕG | 0 1 | 12725 SW Milikan Way Beaverton, OR 97076 Phone: 503-526-2542 Email: cunderwood@beavertonoregon.gov |
| , | | | | |

| TYPE OF WORK |
|---|
| New Construction Addition/alteration/replacement |
| CATEGORY OF CONSTRUCTION |
| 1 or 2 family dwelling Multi-family Commercial Accessory |
| JOB SITE INFORMATION AND LOCATION |
| Job Address: 9300 SW NIMBUS AVE |
| City/State/ZIP: BEAVERTON, OR 97008 |
| Suite/bidg./apt.no.: |
| Project Name: PDX16372 Vesta Security |
| Cross Street/directions to job site: |
| Tax map/parcel no.: 1S127DA00500 |
| DESCRIPTION OF WORK |
| low voltage security - access control and intrusion for new tenant improvement project |
| APPLICANT |
| Name: Megan Glazner |
| Phone: 5036705224 Fax: 5036844357 |
| Email: |
| CONTRACTOR |
| Elec Iic. no.: 26-497CLE CCB IIc. no.: 185024 |
| Business Name: ARONSON SECURITY GROUP INC |
| Contact: |
| Address: 9350 SW NiBUS AVE |
| City/State/ZIP: BEAVERTON, OR 97008 |
| Phone: 5036399988 Fax: 5036844357 |
| Email: ERIN.BUTRICO@ARONSON SECURITY.COM |
| Metro lic. no.: City lic. no.: |
| Supervising Electrician's lic. no.: |
| Supervising Electrician's Name: |
| Number of inspections included in paid services: Residential Service: 4 ' Reconnect Only: 1 All Other Services: 2 |

| | | | | - | | | | | | | | | | |
|--------|---------|-------|------------|-------|---------|-------|---------------|--------|----------|------|----|----------|----|------|
| Jpon | review | and | approval | by | your | local | Jurisdiction, | your | permit | will | be | e-malled | or | faxe |
| ulthin | one hus | inacc | day with i | netri | nctions | on ho | w to schedule | vour l | nspectle | m. | | | | |

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

| Please check all that apply: | Ha | zardous location | าร | | | | | |
|---|------------|---|----------|--|--|--|--|--|
| A service or feeder beginning at 400 Amps where the | | A service or feeder rated at 600 amps or more | | | | | | |
| available fault current exceeds 10,000 Amps at 150 Volts or | ☐ Bu | Buildings more than three stor | | | | | | |
| less to ground exceeds | ☐ Ma | Marinas and boat yards | | | | | | |
| 14,000 Amps for all other | ☐ Flo | ating buildings | | | | | | |
| Fire pumps | | Commercial-use agricultural buildings | | | | | | |
| Emergency systems | Harmer III | tallation of a 15 | | | | | | |
| Addition of a new motor load of 100 HP or more | | larger seperately derived sys | | | | | | |
| | ∐ "A' | ', "E", or "I-2" or | "I-3" | | | | | |
| Six or more residential units in one structure | Re | creational Vehic | le Parks | | | | | |
| Health care facilities | - | Supply voltage for more than 600 supply volts nominal | | | | | | |
| FEES | CHEDUL | E | | | | | | |
| Description | Qt | /. Ea. | Total | | | | | |
| Miscellaneous | | | | | | | | |
| Signal circuit(s) or limited-energy panel, alteration, or extension | 1 | \$91.72 | \$91.72 | | | | | |
| Electrical Permit Fees | | | | | | | | |
| Subtotal | | | \$91.72 | | | | | |
| State surcharge (12% of permit total) | | | \$11.01 | | | | | |
| | - | 1 1 | \$102.73 | | | | | |

Commercial Electrical Authorization To Begin Work 05350-BEL-19-00786

Approval Code: 319065 9/9/2019 11:56 am

F-mailed To: kayla@iarmer.com

City Of Beaverton

12725 SW Milikan Way Beaverton, OR 97076 Beaverton Phone: 503-526-2542

R E G N Email: cunderwood@beavertonoregon.gov

| TYPE OF WORK |
|--|
| ☐ New Construction ☐ Addition/alteration/replacement |
| CATEGORY OF CONSTRUCTION |
| 1 or 2 family dwelling Multi-family Commercial Accessory |
| JOB SITE INFORMATION AND LOCATION |
| Job Address: 8225 SW APPLE WAY |
| City/State/ZIP: BEAVERTON, OR 97225 |
| Suite/bldg./apt.no.: |
| Project Name: |
| Cross Street/directions to job site: |
| Tax map/parcel no.: 1S113BC01000 |
| DESCRIPTION OF WORK |
| CONNECT 2 HVAC SYSTEMS |
| |
| APPLICANT |
| Name: Tim Jarmer |
| Phone: 5032465381 Fax: 5032448037 |
| Email: |
| CONTRACTOR |
| Elec lic. no.: 26-144C CCB lic. no.: 6924 |
| Business Name: JARMER ELECTRIC INC |
| Contact: |
| Address: 5105 SW 45TH AVE #200 |
| City/State/ZIP: PORTLAND, OR 97221 |
| Phone: 5032465381 Fax: 5032448037 |
| Email: SUEK@JARMER.COM |
| Metro lic. no.: City lic. no.: |
| Supervising Electrician's lic. no.: |
| Supervising Electrician's Name: |
| Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 All Other Services: 2 |

| Jpon | review | and | approval | by | your | local | jurisdiction, | your | permit | wiii | be | e-mailed | or | faxed |
|--------|---------|-------|-------------|-------|---------|-------|---------------|--------|----------|------|----|----------|----|-------|
| within | one bus | iness | day, with i | nstri | uctions | on ho | w to schedule | your l | nspectic | n, | | | | |

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

| | L-11 | raneu i | . O . Kajiat | യ്യarmer.co | | | |
|---|-------|--|---------------------------|------------------|--|--|--|
| PLAN | I RE\ | IEW | | | | | |
| Please check all that apply: | | Hazard | ous location | ıs | | | |
| A service or feeder beginning at 400 Amps where the | | A service or feeder rated at 600 amps or more | | | | | |
| available fault current exceeds 10,000 Amps at 150 Volts or | | Buildings more than three stor | | | | | |
| less to ground exceeds | | Marinas and boat yards | | | | | |
| 14,000 Amps for all other | | • | g buildings | | | | |
| Fire pumps | | Comme building | ercial-use a: gs | gricultural | | | |
| Emergency systems | | | tion of a 15 | | | | |
| Addition of a new motor load of 100 HP or more | _ | - | seperately d | | | | |
| Six or more residential units in one structure | | "A", "E", or "I-2" or "I-3" Recreational Vehicle Parks | | | | | |
| Health care facilities | | | voltage for pply volts no | | | | |
| FEE S | CHE | DULE | | | | | |
| Description | | Qty. | Ea. | Total | | | |
| B dd di i p i i d | | | | | | | |
| | | | | | | | |
| | | 1 | \$81.14 | \$81.1 | | | |
| Branch circuits Branch circuits without service or | | | \$81.14 \$4.26 | \$81.1 \$12.7 | | | |
| Branch circuits Branch circuits without service or feeder Branch circuits each additional circuit without service | | 1 | | | | | |
| Branch circuits Branch circuits without service or feeder Branch circuits each additional circuit without service | | 1 | | \$12.7 | | | |
| Branch circuits Branch circuits without service or feeder Branch circuits each additional circuit without service Electrical Permit Fees | | 1 | | | | | |

2019-3798

City Of Beaverton

Beaverton, OR 97076

Beaverton Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

12725 SW Milikan Way

Commercial Electrical Authorization To Begin Work 05350-BEL-19-00785

Approval Code: 021314 9/9/2019 11:13 am

PLAN REVIEW

E-mailed To: nuon@pacnetworks.com

| | TYPE OF WORK |
|---------------------------------|---|
| New Construction | Addition/alteration/replacement |
| CA | TEGORY OF CONSTRUCTION |
| | ☐ Multi-family ☐ Commercial ☐ Accessory |
| | TE INFORMATION AND LOCATION |
| Job Address: 12655 SW CE | |
| City/State/ZIP: BEAVERTON | , OR 97005 |
| Suite/bldg./apt.no.: 350 | |
| Project Name: Adept PDX Co | onstruction Inc. |
| Cross Street/directions to join | b site: |
| Tax map/parcel no.: 1S1 | 09DD01800 |
| | DESCRIPTION OF WORK |
| Low voltage Data cabling for | Adept PDX. |
| | |
| | APPLICANT |
| Name: Nuon Suon | |
| Phone: 503-358-6866 | Fax: 503-352-0202 |
| Email: | |
| | CONTRACTOR |
| Elec IIc. no.: CLE568 | CCB lic. no.: 184982 |
| Business Name: PACIFIC N | ETWORKS INC |
| Contact: | |
| Address: 16869 SW 65TH A | VE STE 373 |
| City/State/ZIP: LAKE OSWE | GO, OR 97035 |
| Phone: 5036454000 | Fax: |
| Email: nuon@pacnetworks.c | com |
| Metro lic. no.: | City lic. no.: |
| Supervising Electrician's lic | s. no.: |
| Supervising Electrician's Na | ame: |
| Reconnect Only: | uded in pald services: 4 1 2 |

| Please check all that apply: | | Hazard | lous location | าร | | | | | |
|--|----|---|-------------------------------|-------------|--|--|--|--|--|
| A service or feeder beginning at 400 Amps where the | | A service or feeder rated at 600 amps or more | | | | | | | |
| available fault current exceeds 10,000 Amps at 150 Volts or | | Buildings more than three stor | | | | | | | |
| less to ground exceeds | | Marinas and boat yards | | | | | | | |
| 14,000 Amps for all other | | Floatin | g buildings | | | | | | |
| ☐ Fire pumps ☐ Emergency systems ☐ Addition of a new motor load of 100 HP or more ☐ Six or more residential units in one structure | | Comme building | ercial-use a gs | gricultural | | | | | |
| | | | ition of a 15 seperately o | | | | | | |
| | | "A", "E | "A", "E", or "I-2" or "I-3" | | | | | | |
| | | Recreational Vehicle Parks | | | | | | | |
| Health care facilities | | | voltage for pply volts n | | | | | | |
| FEE SC | HE | DULE | | | | | | | |
| Description | | Qty. | Ea. | Total | | | | | |
| Miscellaneous | | | | | | | | | |
| Signal circuit(s) or limited-energy panel, alteration, or extension | | 1 | \$91.72 | \$91.72 | | | | | |
| Electrical Permit Fees | | | | | | | | | |
| Subtotal | | | | \$91.72 | | | | | |
| State surcharge (12% of permit total) | | | | \$11.01 | | | | | |
| TOTAL PERMIT FEE | | | | \$102.73 | | | | | |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

B2019-3797

Commercial Electrical Authorization To Begin Work

05350-BEL-19-00784

Approval Code: 119005 9/9/2019 9:50 am

E-mailed To: hillaryp@cepdx.com

| City | Of | Beav | erton |
|------|----|------|-------|
| | | | |

12725 SW Milikan Way Beaverton, OR 97076

Beaverton Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

| <u></u> | TYPE OF WORK |
|---|-------------------------------------|
| New Construction | X Addition/atteration/replacement |
| CATI | EGORY OF CONSTRUCTION |
| 1 or 2 family dwelling | Multi-family X Commercial Accessory |
| JOB SITE | INFORMATION AND LOCATION |
| Job Address: 4050 SW 139TH | WAY |
| City/State/ZIP: BEAVERTON, C | OR 97005 |
| Suite/bldg./apt.no.: | |
| Project Name: Audi CW Outlet | |
| Cross Street/directions to job s | site: |
| Tax map/parcel no.: 1S116 | BA00600 |
| Ĺ | DESCRIPTION OF WORK |
| Relocate outlet as directed | · |
| | |
| | APPLICANT |
| Name: Capitol Electric | |
| Phone: 5032559488 | Fax: 5032577121 |
| Email: | |
| | CONTRACTOR |
| Elec IIc. no.: 26-496C | CCB lic. no.: 48748 |
| Business Name: CAPITOL ELE | ECTRIC CO INC |
| Contact: | |
| Address: 11401 NE MARX ST | |
| City/State/ZIP: PORTLAND, OF | R 972201041 |
| Phone: 5032559488 | Fax: 5032551966 |
| Email: DARRELL@CEPDX.CC | DM . |
| Metro lic. no.: | City Ilc. no.: |
| Supervising Electrician's lic. n | 10.: |
| Supervising Electrician's Nam | 16: |
| Number of inspections include Residential Service: 4 Reconnect Only: 1 All Other Services: 2 | ed in paid services: |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

| PLAN | REV | IEW. | | | | | | | | | | | |
|---|-----|---|-----------------------------|-------------|--|--|------------------------|-----|-----|---|-------------------------------|--|--|
| Please check all that apply: | | Hazard | lous location | ıs | | | | | | | | | |
| A service or feeder beginning at 400 Amps where the | | A service or feeder rated a | | | | | | | | | | | |
| available fault current exceeds 10,000 Amps at 150 Volts or | | | gs more tha | | | | | | | | | | |
| less to ground exceeds 14,000 Amps for all other | | | s and boat y g buildings | ards/ | | | | | | | | | |
| Fire pumps | | Comm | ercial-use a | gricultural | | | | | | | | | |
| Emergency systems Addition of a new motor load of 100 HP or more Six or more residential units in one structure | | Installation of a 150 KVA or larger seperately derived sys "A", "E", or "I-2" or "I-3" Recreational Vehicle Parks | | | | | | | | | | | |
| | | | | | | | Health care facilities | | | • | ge for more than oits nominal | | |
| | | | | | | | FEE S | CHE | ULE | | | | |
| Description | | Qty. | Ea. | Total | | | | | | | | | |
| Branch circuits | | | | | | | | | | | | | |
| Branch circuits without service or feeder | | 1 | \$81.14 | \$81.14 | | | | | | | | | |
| Electrical Permit Fees | | | | | | | | | | | | | |
| Subtotal | | | | \$81.14 | | | | | | | | | |
| State surcharge (12% of permit total) | | | | \$9.74 | | | | | | | | | |
| TOTAL PERMIT FEE | | | | \$90.88 | | | | | | | | | |

Beaverton, OR 97076

Beaverton Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

12725 SW Milikan Way

Residential Electrical Authorization To Begin Work 05350-BEL-19-00770

Approval Code: 064346 9/4/2019 11:16 am

E-mailed To: dorear@globalelectricusa.com

| TYPE OF WORK |
|---|
| ■ New Construction ★ Addition/alteration/replacement |
| CATEGORY OF CONSTRUCTION |
| X 1 or 2 family dwelling Multi-family Commercial Accessory |
| JOB SITE INFORMATION AND LOCATION |
| Job Address: 910 NW 176TH AVE |
| City/State/ZIP: BEAVERTON, OR 97006 |
| Suite/bldg./apt.no.: |
| Project Name: Engel Sunroom |
| Cross Street/directions to job site: |
| Tax map/parcel no.: 1N131CA04400 |
| DESCRIPTION OF WORK |
| Extending (2) Branch Circuits For Sun room. Corresponding building permit is B2019-2862 |
| APPLICANT |
| Name: Dustin O'Rear |
| Phone: 5036806890 Fax: 5036475649 |
| Email: |
| CONTRACTOR |
| Elec IIc. no.: 34-655C CCB IIc. no.: 156838 |
| Business Name: GLOBAL ELECTRIC INC |
| Contact: |
| Address: PO BOX 162 |
| City/State/ZIP: NORTH PLAINS, OR 97133 |
| Phone: 5036475650 Fax: 5036475649 |
| Email: globalelectric@globalelectricusa.com |
| Metro IIc. no.: City IIc. no.: |
| Supervising Electrician's lic. no.: |
| Supervising Electrician's Name: |
| Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 All Other Services: 2 |

| Upon | review | and | approval | by | your | local | jurisdiction, | your | permit | will | be | e-mailed | or | faxed |
|--------|---------|-------|-------------|------|---------|-------|---------------|--------|----------|------|----|----------|----|-------|
| withIn | one bus | iness | day, with i | nstr | uctions | on ho | w to schedule | your i | nspectio | n. | | | | |

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

| PLAN I | REVIE | W | | A Common of the | | |
|--|--------------------------|--|--------------------|--|--|--|
| Please check all that apply: | □н | azaro | lous locatio | ns | | |
| A service or feeder beginning at 400 Amps where the | ☐ A 60 | r rated at | | | | |
| avallable fault current exceeds 10,000 Amps at 150 Volts or | □В | uildin | gs more tha | in three stor | | |
| less to ground exceeds | ШМ | larina | s and boat | yards | | |
| 14,000 Amps for all other | F | loatin | g buildings | | | |
| Fire pumps | _ | omm uildin | ercial-use a gs | gricultural | | |
| Emergency systems | | | ition of a 15 | | | |
| Addition of a new motor load of 100 HP or more | | larger seperately derived sys | | | | |
| Six or more residential units in | | "A", "E", or "I-2" or "I-3" Recreational Vehicle Parks | | | | |
| one structure | | Supply voltage for more than | | | | |
| Health care facilities | 600 supply volts nominal | | | | | |
| FEESC | HEDU | LE | | | | |
| Description | Q | ty. | Ea. | Total | | |
| Branch circuits | | | | Company of the Compan | | |
| Branch circuits without service or feeder | | 1 | \$81.14 | \$81.14 | | |
| Branch circuits each additional circuit without service | | 1 | \$4.26 | \$4.26 | | |
| Electrical Permit Fees | | | 3,12,19,13 | Application of the control of the co | | |
| Subtotal | \perp | | | \$85.40 | | |
| State surcharge (12% of permit total) | | | | \$10.25 | | |
| TOTAL PERMIT FEE | | | | \$95.65 | | |



Electrical Permit Application 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov

| OFFICE USE ONLY | | | | | | | |
|-----------------|---|----|------|------------------------|--|--|--|
| Date Received: | - | | | Permit No.: 82019-3011 | | | |
| Date Issued: | | 14 | | Ву: СР 1 | | | |
| • | * | | ASS/ | Payment Type: | | | |

| | | F WORK | | | | |
|---|--------------------------|--|--|--|--|--|
| □ New construction ☑ Addition/alteration/replacement □ Other: | | | | | | |
| | CATEGORY OF | CONSTRUCTION | | | | |
| ☐ 1- and 2-family dwelling ☐ Multi-family | ☑ Commercial | | Accessory building Other: | | | |
| | JOB SITE INFORMAT | Control of the service of the control of the contro | A Contract the Contract of the | | | |
| Job no.: | Job address: 8625 | SW Cascade | Sq. Ave. | | | |
| City/State/ZIP: Beaver | ton, OR 97008 | | | | | |
| Suite/bldg./apt. no.: 506 | dháitri rear | Project name: C | ascade Sq. Suite 506 | | | |
| Cross street/directions to job | slte: | | | | | |
| Subdivision: | | Lot no.: | | | | |
| Tax map/parcel no.: | | | | | | |
| | DESCRIPTIO | N OF WORK | | | | |
| Connecting thermos | tats. | | | | | |
| ☐ PROPERTY | OWNER | | ☐ TENANT | | | |
| Name: | | | | | | |
| Address: | | | | | | |
| City/State/ZIP: | | | | | | |
| Phone: | | Fax; | | | | |
| E-mail: | | ····· | | | | |
| Owner installation: This ins | stallation is being made | on property that I o | wn, which is not intended for | | | |
| sale, lease, rent, or exchang | | | Date: | | | |
| Owner signature: | | | | | | |
| Business name: Same | | | CONTACT PERSON | | | |
| Contact name: | as Delow | | | | | |
| Address: | | | | | | |
| | | | | | | |
| City/State/ZIP: | | | · · · · · · · · · · · · · · · · · · · | | | |
| Phone: | | Fax: | | | | |
| E-mail: | CONTRA | CTOR | | | | |
| Business name: Willam | ette HVAC, LLC | *************** | | | | |
| Address: 3075 SE Ce | | | | | | |
| | | 200 | | | | |
| City/State/ZIP: Hillsbore | | Fav. (503) 0/ | 18-2507 | | | |
| Phone: (503) 259-320 | | Fax: (503) 84 | | | | |
| | willamettehvaq | | 56951 | | | |
| Supervising electrician | 46CRE | City or metro lic.: | 7433 | | | |
| signature, required: | upe nea | <i>H</i> | | | | |
| Brint name. Mike Sica | rd 🗠 | | Date: 08/19/19 | | | |
| Print name: Wilke Sica | 1 /) // - | A A | [240, | | | |
| Authorized signature: Michael M | 1 Lad | melt | M Date: 08/19/19 | | | |

| PLAN | REVIEW | y | | | | |
|---|--|-----------------------------------|--|---------------|--|--|
| Please check all that apply: | ☐ Serv | ice or feede | er over 600 amş | ps | | |
| ☐ Service or feeder 400amps | _ | _ | hree stories | 1 | | |
| or more | _ | inas and bo | • | 1 | | |
| Fire pump | | ating buildin | | . 1 | | |
| ☐ Emergency system ☐ Addition of new motor | | nmercial-us dings | se agricultural | ' I | | |
| load of 100HP or more | | ~ | 0 KVA or large | er | | |
| Six or more residential units | sepa | arately derive | ed system | ٠ ا | | |
| ☐ Health-care facilities | □ *A,*1 | "E," "Î-2," "I-3 | 3" оссиралсу | , | | |
| ☐ Hazardous locations | | | ehicle parks | | | |
| FEE SC | | , , | , | | | |
| Description | Qty. | Fee | Total | إ | | |
| Residential single- or multi-fam Includes attached garage | ily dwei | ling unit | | | | |
| 1,000 sq. ft. or less | T | 194.64 | 1 | 4 | | |
| | +- | 34.77 | | $\overline{}$ | | |
| Ea, add'l 500 sq. ft, or portion Limited energy, residential | + | 46.42 | | 2 | | |
| (with above sq. ft.) Limited energy, multi-family | + | 91.72 | | 2 | | |
| residential (with above sq. ft.) | -140.001 | 1 | السيب | ज्ञान | | |
| Services or feeders installation | , alterau | | | ليتيا | | |
| 200 amps or less | ┿ | 115.83 | | 2 | | |
| 201 amps to 400 amps | | 137.89 | | 2 | | |
| 401 amps to 600 amps | | 229.34 | | 2 | | |
| 601 amps to 1,000 amps | | 299.93 | | 2 | | |
| Over 1,000 amps or volts | T | 690.22 | | 2 | | |
| Utility reconnect | Τ | 91.72 | | 1 | | |
| Temporary services or feeders relocation | installat | ilon, altera | ition, and/or | | | |
| 200 amps or less | Τ | 91.72 | | 2 | | |
| 201 amps to 400 amps | 1 | 127.41 | | 2 | | |
| 401 amps to 600 amps | 1 | 184.11 | | 2 | | |
| 601 amps to 1,000 amps | | 225.29 | | 2 | | |
| Branch circuits - new, alteratio | n or ex | to the second terms of the second | | | | |
| A. Fee for branch circuits with | 10.73 | | 7 | | | |
| above service or feeder fee, | | 4.26 | | 2 | | |
| each branch circuit | | | | igwdow | | |
| B. Fee for branch circuits without service or feeder fee, | -4- | 81.14 | 81.14 | -2- | | |
| first branch circuit | | | J | | | |
| Each add'l branch circuit | \top | 4.26 | 1 | | | |
| Miscellaneous (service or feeds | er not in | | | 1 | | |
| Each manufactured or modular | T | | | 2 | | |
| dwelling, service, and/or feeder | | 91.72 | igsquare | | | |
| Pump or irrigation circle | | 91.72 | ! | 2 | | |
| Sign or outline lighting | <u></u> | 91.72 | <u> </u> | 2 | | |
| Signal circuit(s) or limited-energy | Τ. | | | | | |
| panel, alteration, or extension, Describe: | | 91.72 | | 2 | | |
| Each additional inspection over allowable in any of the above | | | | | | |
| Per inspection | +- | 81.14 | | \vdash | | |
| Investigation fee | +- | 01.17 | | \vdash | | |
| Other: | | | | - | | |
| | - | | | - | | |
| | Electrical permit fees | | | | | |
| SUB | TOTAL | | 8 | 1.14 | | |
| Plan review (25% of permit fee) | | | | | | |
| State surcharge (129 | | | | 9.74 | | |
| TOTA! | MIT FEE | 1 \$9/ | 0:88 | | | |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Number of inspections allowed per permit.
Form B70-1002

REV 10/17



Electrical Permit Application
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222 BeavertonOregon.gov

| | | OFFI | c i=l | USEC | NLY | | | | | |
|----------------|---|--------------|---|-------|-----------|-----|--------|---|-----|----|
| Date Received: | | | *************************************** | Permi | No.: 🗜 | 20 | 19 | | 371 | 19 |
| Date Issued: | 5 | U_{Δ} | | Ву: | C | (el | À | / | | |
| 01 | 1 | 1, | 1 | Payme | ent Type: | : | an Gar | | | |

| TYPE OF WORK | | | | | | | |
|---|---------------------------------|----------------------|----------------------------------|--|--|--|--|
| ☐ New construction ☑ Addition/alteration/replacement ☐ Other: | | | | | | | |
| CATEGORY OF CONSTRUCTION | | | | | | | |
| ☐ 1- and 2-family dwelling☐ Multi-family | ⊠ Commercial, ☐ Master build | _ | ☐ Accessory building ☐ Other: | | | | |
| JOB SITE INFORMATION AND LOCATION | | | | | | | |
| Job no.: Job address: 8625 SW Cascade Sq. Ave. | | | | | | | |
| City/State/ZIP: Beaver | ton, OR 97008 | | | | | | |
| Sulte/bldg./apt. no.: 500 | | Project name: C | Cascade Sq. Suite 500 | | | | |
| Cross street/directions to job | site: | | | | | | |
| Subdivision: | | Lot no.: | | | | | |
| Tax map/parcel no.: | | | | | | | |
| | DESCRIPTIO | N OF WORK | | | | | |
| Connecting/reconnec | cting thermostats | S. | | | | | |
| ☐ PROPERTY | OWNER | | ☐ TENANT | | | | |
| Name: | | | | | | | |
| Address: | | | | | | | |
| City/State/ZIP: | | | | | | | |
| Phone: | | Fax: | | | | | |
| E-mail: | | | | | | | |
| | | on property that I c | own, which is not intended for | | | | |
| sale, lease, rent, or exchange Owner signature: | | | Date: | | | | |
| APPLIC | ANT | П | CONTACT PERSON | | | | |
| | s Below | | | | | | |
| Contact name: | | | | | | | |
| Address: | | | | | | | |
| City/State/ZIP: | | | | | | | |
| Phone: | | Fax: | | | | | |
| E-mail: | | L | | | | | |
| CONTRACTOR | | | | | | | |
| Business name: Willame | ette HVAC, LLC | | | | | | |
| Address: 3075 SE Cer | itury Blvd. Suite | 206 | | | | | |
| City/State/ZIP: Hillsboro | , OR 97123 | | | | | | |
| Phone: (503) 259-320 | 0 | Fax: (503) 84 | 18-2597 | | | | |
| E-mail: mmalstrom@v | villamettehvaq z | CCB lic. no.: § | 56951 | | | | |
| | 6CRE | ty or metro lic.: | 7433 | | | | |
| Supervising electrician signature, required: | Ut Sin | У | | | | | |
| Print name: Mike Sicar | d | | Date: 08/20/19 | | | | |
| Authorized signature: m | ichael mal | stran | | | | | |
| Print name: Michael Ma | | | Date: 08/20/19 | | | | |

| PLAN | REVIE | | | | | | | |
|--|---|--|------------------------------|------|--|--|--|--|
| Please check all that apply: | | | er over 600 am | ps | | | | |
| Service or feeder 400amps or more | ☐ Building over three stories | | | | | | | |
| ☐ Fire pump | ☐ Marinas and boatyards ☐ Floating buildings | | | | | | | |
| Emergency system | | | nys se agricultura | ıt · | | | | |
| Addition of new motor | | dings | ac agricultura | | | | | |
| load of 100HP or more | | | 60 KVA or large | er | | | | |
| Six or more residential units | | arately deriv | | | | | | |
| ☐ Health-care facilities ☐ Hazardous locations | | | 3" occupancy enicle parks | | | | | |
| | CHEDUL | | encie parks | | | | | |
| Description | Qty. | Fee | Total | | | | | |
| Residential single- or multi-fam includes attached garage | | | | L | | | | |
| 1,000 sq. ft. or tess | T | 194.64 | | 4 | | | | |
| Es, add'l 500 sq. ft. or portion | | 34.77 | | | | | | |
| Limited energy, residential | | | | 2 | | | | |
| (with above sq. ft.) Limited energy, multi-family | - | 46.42 | | - | | | | |
| residential (with above sq. ft.) | <u> </u> | 91.72 | | 2 | | | | |
| Services or feeders Installation | , alterat | | relocation | | | | | |
| 200 amps or less | 1 | 115.83 | | 2 | | | | |
| 201 amps to 400 amps | | 137.89 | | 2 | | | | |
| 401 amps to 600 amps | | 229.34 | | 2 | | | | |
| 601 amps to 1,000 amps | | 299.93 | | 2 | | | | |
| Over 1,000 amps or volts | | 690.22 | | 2 | | | | |
| Utility reconnect | | 91.72 | | 1 | | | | |
| Temporary services or feeders | Installal | ion, altera | tion, and/or | | | | | |
| relocation | 1 | 04.70 | | | | | | |
| 200 amps or less | | 91.72 | | 2 | | | | |
| 201 amps to 400 amps | | 127.41 | | 2 | | | | |
| 401 amps to 600 amps | | 184.11 | | 2 | | | | |
| 601 amps to 1,000 amps | 1 | 225.29 | | 2 | | | | |
| Branch circuits - new, alteration A. Fee for branch circuits with | n, or ext | ension, p | er pane) | | | | | |
| above service or feeder fee, | | 4.26 | | 2 | | | | |
| each branch circuit | | | | | | | | |
| B. Fee for branch circuits without service or feeder fee, first branch circuit | | 81.14 | | 2 | | | | |
| Each add'l branch circuit | | 4.26 | | | | | | |
| Miscellaneous (service or feede | r not in | cluded) | | | | | | |
| Each manufactured or modular dwelling, service, and/or feeder | T | 91.72 | | 2 | | | | |
| Pump or Irrigation circle | 1 | 91.72 | | 2 | | | | |
| Sign or outline lighting | 1 | 91.72 | | 2 | | | | |
| Signal circuit(s) or limited-energy | | | | | | | | |
| panel, alteration, or extension. Describe: | 1 | 91.72 | 91.72 | 2 | | | | |
| Each additional inspection over allowable in any of the above | | | | | | | | |
| Per inspection | | 81.14 | | | | | | |
| Investigation fee | | | | | | | | |
| Other: | | | · |] | | | | |
| Electrical permit fees | | |] | | | | | |
| SUB' | TOTAL | | 9 | 1.72 | | | | |
| Plan review (25% | of per | mil fee) | | | | | | |
| State surcharge (12% | of per | mit fee) | 1. | .01 | | | | |
| TOTAL | . PERM | IIT FEE | \$102 | 2.73 | | | | |
| | | l | | | | | | |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Number of inspections allowed per permit.

Form B70-1002 REV 10/17

12725 SW Milikan Way Beaverton, OR 97076

Residential Electrical Authorization To Begin Work 05350-BEL-19-00776

Approval Code: 005125 9/5/2019 3:50 pm

E-mailed To: precisionnwelectrical@yahoo.com

eaverton Phone: 503-526-2542 พื่ Email: cunderwood@beavertonoregon.gov

| TYPE OF WORK |
|--|
| New Construction Addition/alteration/replacement |
| CATEGORY OF CONSTRUCTION |
| X 1 or 2 family dwelling Multi-family Commercial Accessory |
| JOB SITE INFORMATION AND LOCATION |
| Job Address: 10 SW WALLINGFORD WAY |
| City/State/ZIP: BEAVERTON, OR 97006 |
| Suite/bldg./apt.no.: |
| Project Name: AKB/ Broyles |
| Cross Street/directions to job site: |
| Tax map/parcel no.: 1S106AA11300 |
| DESCRIPTION OF WORK |
| 6- circuit kitchen remodel |
| |
| APPLICANT |
| Name: Kevin Riggs |
| Phone: 503-880-2754 Fax: 503-594-2873 |
| Email: |
| CONTRACTOR |
| Elec lic. no.: C47 CCB lic. no.: 163318 |
| Business Name: PRECISION NW ELECTRICAL CONTRACTORS LLC |
| Contact: |
| Address: 14842 SE REGNER TERRACE |
| City/State/ZIP: BORING, OR 97009 |
| Phone: 5038802754 Fax: 5036581615 |
| Email: PRECISIONNWELECTRICAL@YAHOO.COM |
| Metro lic. no.: City lic. no.: |
| Supervising Electrician's lic. no.: |
| Supervising Electrician's Name: |
| Number of inspections included in paid services: |
| Residential Service: 4 |
| Reconnect Only: 1 All Other Services: 2 |
| Reconnect Only: 1 All Other Services: 2 |

| Upon | review | and | approval | by | your | local | jurisdiction, | your | permit | will | bе | e-mailed | or | faxe |
|--|--------|-----|----------|----|------|-------|---------------|------|--------|------|----|----------|----|------|
| within one business day, with instructions on how to schedule your inspection. | | | | | | | | | | | | | | |

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

| PLAN | REVIEW | | | | | |
|--|--|--|----------|--|--|--|
| Please check all that apply: | Hazard | tous location | s | | | |
| A service or feeder beginning at 400 Amps where the | | ice or feeder nps or more | rated at | | | |
| available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds | ☐ Buildings more than three stor☐ Marinas and boat yards | | | | | |
| 14,000 Amps for all other | Comm | Floating buildings Commercial-use agricultural | | | | |
| Emergency systems Addition of a new motor load | Installa | buildings Installation of a 150 KVA or larger seperately derived sys | | | | |
| of 100 HP or more Six or more residential units in one structure | Recre | "A", "E", or "I-2" or "I-3" Recreational Vehicle Parks | | | | |
| Health care facilities | Supply voltage for more than 600 supply volts nominal | | | | | |
| FEE SC | HEDULE | | | | | |
| Description | Qty. | Ea. | Total | | | |
| Branch circuits | | | | | | |
| Branch circuits without service or feeder | 1 | \$81.14 | \$81.14 | | | |
| Branch circuits each additional circuit without service | 5 | \$4.26 | \$21.30 | | | |
| Electrical Permit Fees | | | | | | |
| Subtotal | | | \$102.44 | | | |
| State surcharge (12% of permit total) | | | \$12.29 | | | |
| TOTAL PERMIT FEE | 1 | | \$114.73 | | | |

12725 SW Milikan Way Beaverton, OR 97076

B2019-3769 eaverton Phone: 503-526-2542



Approval Code: 715050 9/5/2019 3:05 pm

E-mailed To: dave@westernsuperiorelectric.com

| ¶ OREGO! | n Email: cunderwood@beaver.tonoregon.gov |
|----------------------------------|--|
| | TYPE OF WORK |
| New Construction | X Addition/alteration/replacement |
| CAT | EGORY OF CONSTRUCTION |
| 1 or 2 family dwelling | Multi-family Commercial Accessory |
| JOB SITI | E INFORMATION AND LOCATION |
| Job Address: 10370 SW SHE | ARWATER LOOP |
| City/State/ZIP: BEAVERTON, C | OR 97007 |
| Suite/bldg./apt.no.: | |
| Project Name: Suburban | |
| Cross Street/directions to job | site: |
| Tax map/parcel no.: 1S132 | 2BA02500 |
| | DESCRIPTION OF WORK |
| Add cans at patio and outlets | |
| | |
| | APPLICANT |
| Name: david quintana | |
| Phone: 5038056873 | Fax: |
| Email: | |
| | CONTRACTOR |
| Elec lic. no.: C802 | CCB lic. no.: 191702 |
| Business Name: WESTERN S | UPERIOR ELECTRIC LLC |
| Contact: | |
| Address: 21355 SOUTH GREE | EN MOUNTAIN ROAD |
| City/State/ZIP: COLTON, OR | 97017 |
| Phone: 5038056873 | Fax: |
| Email: WESTERNSUPERIOR | electric@GMAIL.COM |
| Metro lìc. no.: | City lic. no.: |
| Supervising Electrician's lic. r | 10.: |
| Supervising Electrician's Nam | 16: |
| Number of Inspections include | od in naid convices: |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

4

2

Residential Service:

Reconnect Only: All Other Services:

| PLAN | RE\ | /IEW | | | | | |
|--|---|---|--|--|--|--|--|
| Please check all that apply: | | Hazaro | ious location | ns | | | |
| A service or feeder beginning at 400 Amps where the | Г | A service or feeder rated at 600 amps or more | | | | | |
| available fault current exceeds 10,000 Amps at 150 Volts or | | Buildin | gs more tha | n three stor | | | |
| less to ground exceeds | | Mari na | s and boat y | /ards | | | |
| 14,000 Amps for all other | | Floatin | g buildings | | | | |
| Fire pumps | | Comm buildin | ercial-use a gs | gricultural | | | |
| Emergency systems Addition of a new motor load | | | Installation of a 150 KVA or larger seperately derived sys "A", "E", or "I-2" or "I-3" | | | | |
| of 100 HP or more | Г | _ ~ | | | | | |
| Six or more residential units in one structure | | Recrea | Recreational Vehicle Parks | | | | |
| Health care facilities | Supply voltage for more than 600 supply volts nominal | | | | | | |
| FEESO | HE | DULE | | SAME OF STREET | | | |
| Description | | Qty. | Ea. | Total | | | |
| Branch circuits | | | | | | | |
| Branch circuits without service or feeder | | 1 | \$81.14 | \$81.14 | | | |
| Branch circuits each additional circuit without service | | 1 | \$4.26 | \$4,26 | | | |
| Electrical Permit Fees | | | | ACCOUNTS TO THE PARTY OF THE PA | | | |
| Subtotal | | | | \$85.40 | | | |
| State surcharge (12% of permit total) | | | | \$10.25 | | | |
| TOTAL PERMIT FEE | | | | \$95.65 | | | |

Residential Electrical Authorization To Begin Work 05350-BEL-19-00774

12725 SW Milikan Way

Beaverton, OR 97076

Phone: 503-526-2542

Remail: cunderwood@beavertonoregon.gov

Approval Code: 517510 9/5/2019 7:00 am

E-mailed To: phelectricllc@gmail.com

| TYPE OF WORK | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| New Construction Addition/alteration/replacement | | | | | | | | | |
| CATEGORY OF CONSTRUCTION | | | | | | | | | |
| X 1 or 2 family dwelling Multi-family Commercial Accessory | | | | | | | | | |
| JOB SITE INFORMATION AND LOCATION | | | | | | | | | |
| Job Address: 13385 SW CARR ST | | | | | | | | | |
| City/State/ZIP: BEAVERTON, OR 97008 | | | | | | | | | |
| Suite/bldg./apt.no.: | | | | | | | | | |
| Project Name: Moore | | | | | | | | | |
| Cross Street/directions to Job site: | | | | | | | | | |
| Tax map/parcel no.: 1S128AB01400 | | | | | | | | | |
| DESCRIPTION OF WORK | | | | | | | | | |
| convert electric furnace to gas, new GFCI circuit | | | | | | | | | |
| | | | | | | | | | |
| APPLICANT | | | | | | | | | |
| Name: Rodney Loder | | | | | | | | | |
| Phone: 5035519611 Fax: 5033759829 | | | | | | | | | |
| Email: | | | | | | | | | |
| CONTRACTOR | | | | | | | | | |
| Elec IIc. no.: C761 CCB IIc. no.: 192114 | | | | | | | | | |
| Business Name: PHOTO ELECTRIC LLC | | | | | | | | | |
| Contact: | | | | | | | | | |
| Address: PO BOX 13657 | | | | | | | | | |
| | | | | | | | | | |
| City/State/ZIP: SALEM, OR 97309 | | | | | | | | | |
| City/State/ZIP: SALEM, OR 97309 Phone: 5035519611 Fax: 5033759829 | | | | | | | | | |
| | | | | | | | | | |
| Phone: 5035519611 Fax: 5033759829 | | | | | | | | | |
| Phone: 5035519611 Fax: 5033759829 Email: phelectriclic@gmail.com | | | | | | | | | |
| Phone: 5035519611 Fax: 5033759829 Email: phelectriclic@gmail.com Metro lic. no.: City lic. no.: | | | | | | | | | |
| Phone: 5035519611 Fax: 5033759829 Email: phelectricilc@gmail.com Metro lic. no.: City lic. no.: Supervising Electrician's lic. no.: | | | | | | | | | |

| All Other Services: | 2 | | | |
|---|---|--|-------------|----------|
| Upon review and approval within one business day, with it | | | be e-mailed | or faxed |

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

| PLAN | REV | IEW | | | | | |
|--|---|--|--|--|--|--|--|
| Please check all that apply: | | Hazaro | ious location | ns | | | |
| A service or feeder beginning at 400 Amps where the | | A service or feeder rated a 600 amps or more | | | | | |
| available fault current exceeds 10,000 Amps at 150 Volts or | | Buildin | gs more tha | in three stor | | | |
| less to ground exceeds | | Marina | s and boat | yards | | | |
| 14,000 Amps for all other | | | g buildings | | | | |
| Fire pumps | | Comm buildin | ercial-use a gs | gricultural | | | |
| Emergency systems | | | Installation of a 150 KVA or larger seperately derived sys "A". "E", or "I-2" or "I-3" | | | | |
| Addition of a new motor load of 100 HP or more | _ | | | | | | |
| Six or more residential units in one structure | | | Recreational Vehicle Parks | | | | |
| Health care facilities | Supply voltage for more than 600 supply volts nominal | | | | | | |
| FEESC | HE | DULE | | | | | |
| Description | | Qty. | Ea. | Total | | | |
| Branch circuits | | | | A Company of the Comp | | | |
| Branch circuits without service or feeder | | 1. | \$81.14 | \$81.14 | | | |
| Branch circuits each additional circuit without service | | 1 | \$4.26 | \$4.26 | | | |
| Electrical Permit Fees | | | | | | | |
| Subtotal | | | | \$85.40 | | | |
| State surcharge (12% of permit total) | | | | \$10.25 | | | |
| TOTAL PERMIT FEE | | | | \$95.65 | | | |

12725 SW Milikan Way Beaverton, OR 97076

87019-3785

Residential Electrical Authorization To Begin Work 05350-BEL-19-00781

Approval Code: 006425 9/6/2019 8:13 am

E-mailed To: info@pdxelectric.com

| | TYPE OF W | ORK |
|-----------------------------|-----------------|----------------------------------|
| New Construction | | X Addition/alteration/replacemen |
| C | ATEGORY OF CON | ISTRUCTION |
| 1 or 2 family dwelling | Multi-family | Commercial |
| JOB S | ITE INFORMATION | AND LOCATION |
| ob Address: 7270 SW SY | LVAN CT | |
| ity/State/ZIP: BEAVERTO | N, OR 97225 | |
| uite/bldg./apt.no.: | | |
| roject Name: | | |
| ross Street/directions to j | ob site: | |
| ax map/parcel no.: 1S | 101DC03000 | |
| | DESCRIPTION C | F WORK |

| X 1 or 2 family dwelling Multi-family Commercial Accessory | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| JOB SITE INFORMATION AND LOCATION | | | | | | | | |
| Job Address: 7270 SW SYLVAN CT | | | | | | | | |
| City/State/ZIP: BEAVERTON, OR 97225 | | | | | | | | |
| Suite/bldg./apt.no.: | | | | | | | | |
| Project Name: | | | | | | | | |
| Cross Street/directions to job site: | | | | | | | | |
| Tax map/parcel no.: 1S101DC03000 | | | | | | | | |
| DESCRIPTION OF WORK | | | | | | | | |
| Panel | | | | | | | | |
| | | | | | | | | |
| APPLICANT | | | | | | | | |
| Name: Kelly Palmer | | | | | | | | |
| Phone: 5036399708 Fax: 5032001362 | | | | | | | | |
| Email: | | | | | | | | |
| CONTRACTOR | | | | | | | | |
| Elec IIc. no.: C696 CCB IIc. no.: 192731 | | | | | | | | |
| Business Name: PDX ELECTRIC LLC | | | | | | | | |
| Contact: | | | | | | | | |
| Address: 15816 SW UPPER BOONES FERRY RD | | | | | | | | |
| City/State/ZIP: LAKE OSWEGO, OR 97035 | | | | | | | | |
| Phone: 5036399708 Fax: 503-200-1362 | | | | | | | | |
| Email: INFO@PDXELECTRIC.COM | | | | | | | | |
| Metro lic. no.: City lic. no.: | | | | | | | | |
| Supervising Electrician's lic. no.: | | | | | | | | |
| Supervising Electrician's Name: | | | | | | | | |
| Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 All Other Services: 2 | | | | | | | | |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

| PLAN REVIEW | | | | | | | | |
|-------------|--|---|---|--|--|--|--|--|
| Ple | ase check all that apply: | | Hazard | ous locatio | ns | | | |
| | A service or feeder beginning at 400 Amps where the | | r rated at | | | | | |
| | available fault current exceeds 10,000 Amps at 150 Volts or | | Building | gs more tha | an three stor | | | |
| | less to ground exceeds | | Marina | s and boat | yards | | | |
| | 14,000 Amps for all other | | Floating | g buildings | | | | |
| | Fire pumps | | Commo building | ercial-use a gs | gricultural | | | |
| | Emergency systems | Installation of a 150 KVA or larger seperately derived sys "A", "E", or "I-2" or "I-3" Recreational Vehicle Parks | | | | | | |
| | Addition of a new motor load of 100 HP or more | | | | | | | |
| | Six or more residential units in one structure | | | | | | | |
| | Health care facilities | | Supply voltage for more than 600 supply volts nominal | | | | | |
| | FEE SCI | HED | ULE | The second secon | | | | |
| Des | cription | Т | Qty. | Ea. | Total | | | |
| Ser | vices or feeders | | | | Property of the Control of the Contr | | | |
| Ser | vices 200 amps or less | | 1 | \$115.83 | \$115.83 | | | |
| Elec | ctrical Permit Fees | | | | A company of the comp | | | |
| Sut | ototal | | | | \$115.83 | | | |
| Sta lota | te surcharge (12% of permit II) | | | | \$13.90 | | | |
| то | TAL PERMIT FEE | | | | \$129.73 | | | |
| | | | | | | | | |

12725 SW Milikan Way

Beaverton, OR 97076
Phone: 503-526-2542
Email: cunderwood@beavertonoregon.gov

Residential Electrical Authorization To Begin Work 05350-BEL-19-00780

Approval Code: 04643G 9/6/2019 7:21 am

E-mailed To: teslapdx@gmail.com

| | TYPE OF | WORK | |
|---|----------------|---------------------|--|
| New Construction | | Addition/alte | ration/replacement |
| CATE | GORY OF C | ONSTRUCTION | |
| 1 or 2 family dwelling | Multi-family | Commercial | Accessory |
| JOB SITE | INFORMAT | ION AND LOCAT | ION |
| Job Address: 6695 SW GRIFFI | I DR | | |
| City/State/ZIP: BEAVERTON, OF | 8 97223 | | |
| Suite/bldg./apt.no.: | | | |
| Project Name: | | | |
| Cross Street/directions to job si | te: | | |
| Tax map/parcel no.: 1S124A | A02200 | | |
| D) | ESCRIPTIO | N OF WORK | Service Commence of the Commen |
| Rough in for new kitchen | | | |
| | | | |
| | APPLI | CANT | |
| Name: Igor Zelen | | | |
| Phone: 503-724-1175 | | Fax: 503-646-3498 | |
| Email: | | | |
| | CONTR | ACTOR | |
| Elec lic. no.: C599 | co | CB IIc. no.: 189699 | |
| Business Name: TESLA ELECTI | RIC COMPANY | / INC | |
| Contact: | | | |
| Address: 2850 SW CEDAR HILL | S BLVD #250 | | |
| City/State/ZIP: BEAVERTON, OF | R 97005 | | |
| Phone: 5037241175 | | Fax: 5036463498 | |
| Email: teslapdx@gmail.com | | | |
| Metro lic. no.: | | City lic. no.: | |
| Supervising Electrician's lic. no | : | | |
| Supervising Electrician's Name: | | | |
| Number of inspections included Residential Service: 4 Reconnect Only: 1 All Other Services: 2 | in paid servic | es: | |

| Upon | review | and | approval | by | your | local | jurisdiction, | your | permit | will | be | e-mailed | or | faxed |
|--------|--|-----|----------|----|------|-------|---------------|------|--------|------|----|----------|----|-------|
| withIn | Upon review and approval by your local jurisdiction, your permit will be e-mailed or fax within one business day, with instructions on how to schedule your inspection. | | | | | | | | | | | | | |

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

| PLAN | REV | EW | | A DESCRIPTION OF THE PROPERTY | | |
|--|---|--|------------------------------------|--|--|--|
| Please check all that apply: | | Hazardous locations | | | | |
| A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | A service or feeder rated at 600 amps or more | | | | | |
| | | Buildings more than three stor | | | | |
| | | Marinas and boat yards | | | | |
| | | Floating buildings | | | | |
| Fire pumps | | Comm buildin | nmercial-use agricultural dings | | | |
| Emergency systems | | | ation of a 15 | | | |
| Addition of a new motor load of 100 HP or more | _ | larger seperately derived sys | | | | |
| Six or more residential units in one structure | 닏 | ☐ "A", "E", or "I-2" or "I-3" ☐ Recreational Vehicle Parks | | | | |
| | 닐 | | | | | |
| Health care facilities | L | Supply voltage for more than 600 supply volts nominal | | | | |
| FEE SCHEDULE | | | | | | |
| Description | | Qty. | Ea. | Total | | |
| Branch circuits | | | | Administration of the control of the | | |
| Branch circuits without service or feeder | | 1 | \$81.14 | \$81.14 | | |
| Branch circuits each additional circuit without service | | 3 | \$4.26 | \$12.78 | | |
| Electrical Permit Fees | | | | | | |
| Subtotal | | | | \$93.92 | | |
| State surcharge (12% of permit total) | | | | \$11.27 | | |
| TOTAL PERMIT FEE | | | | \$105.19 | | |

12725 SW Milikan Way

eaverton Phone: 503-526-2542

R E G N Email: cunderwood@beavertonoregon.gov



PLAN REVIEW

Approval Code: 04611G 9/5/2019 8:45 pm

E-mailed To: Tfryman126@gmail.com

| TYPE OF WORK | | | | | |
|---|--|--|--|--|--|
| ☐ New Construction ☐ Addition/alteration/replacement | | | | | |
| CATEGORY OF CONSTRUCTION | | | | | |
| 1 or 2 family dwelling Multi-family Commercial Accessory | | | | | |
| JOB SITE INFORMATION AND LOCATION | | | | | |
| Job Address: 13515 SW MILLIKAN WAY | | | | | |
| City/State/ZIP: BEAVERTON, OR 97005 | | | | | |
| Suite/bldg./apt.no.: | | | | | |
| Project Name: | | | | | |
| Cross Street/directions to job site: | | | | | |
| Tax map/parcel no.: 1S109CD00100 | | | | | |
| DESCRIPTION OF WORK | | | | | |
| Demo out old offices and receptacles, replacing full size walls with pony walls and adding receptacles in those walls. Adding 10 circuits for receptacles in pony walls and possibly lighting circuits since everything comes from the panel that's in the resale store | | | | | |
| APPLICANT | | | | | |
| Name: Tyler Fryman | | | | | |
| Phone: 5037588066 Fax: | | | | | |
| Email: | | | | | |
| CONTRACTOR | | | | | |
| Elec lic. no.: C1322 CCB lic. no.: 217834 | | | | | |
| Business Name: GREEN TREE ELECTRIC LLC | | | | | |
| Contact: | | | | | |
| Address: 902 S PINE ST | | | | | |
| City/State/ZIP: CANBY, OR 97013 | | | | | |
| Phone: 5037588066 Fax: | | | | | |
| Email: tfryman126@gmail.com | | | | | |
| Metro lic. no.: City lic. no.: | | | | | |
| Supervising Electrician's lic. no.: | | | | | |
| Supervising Electrician's Name: | | | | | |
| Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 All Other Services: 2 | | | | | |

| Please check all that apply: | Hazaro | lous location | s | | | |
|---|--|--|--|--|--|--------------------|
| A service or feeder beginning at 400 Amps where the | A service or feeder rated at 600 amps or more | | | | | |
| available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | ☐ Buildings more than three stor ☐ Marinas and boat yards | | | | | |
| | | | | | | Floating buildings |
| | Fire pumps | | □ Commercial-use agricultural buildings □ Installation of a 150 KVA or | | | |
| Emergency systems | _ | | | | | |
| Addition of a new motor load of 100 HP or more | | larger seperately derived sys "A". "E". or "I-2" or "I-3" | | | | |
| Six or more residential units in one structure | Recreational Vehicle Parks Supply voltage for more than 600 supply volts nominal | | | | | |
| Health care facilities | | | | | | |
| FEE SCHEDULE | | | | | | |
| Description | Qty. | Ea. | Total . | | | |
| Branch circuits | | | | | | |
| Branch circuits without service or feeder | 1 | \$81.14 | \$81.14 | | | |
| Branch circuits each additional circuit without service | 9 | \$4.26 | \$38.34 | | | |
| Electrical Permit Fees | | Available of the property of t | | | | |
| Subtotal | | | \$119.48 | | | |
| State surcharge (12% of permit total) | | | \$14.34 | | | |
| | | 1 I | \$133,82 | | | |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

12725 SW Milikan Way Beaverton, OR 97076
Phone: 503-526-2542
Pemail: cunderwood@beavertonoregon.gov

Residential Electrical Authorization To Begin Work 05350-BEL-19-00783

PLAN REVIEW

Approval Code: 05886G 9/6/2019 10:16 am

E-mailed To: office@ericolsonelectricinc.com

| New Construction | | TYPE OF | WORK | |
|---|---|----------------|--------------------|-------------------|
| I or 2 family dwelling | New Construction | | | ation/replacement |
| JOB SITE INFORMATION AND LOCATION JOB Address: 13540 SW HITEON LN City/State/ZIP: BEAVERTON, OR 97008 Suite/bldg/apt.no.: Project Name: 19-2227 Cross Street/directions to job site: Tax map/parcel no.: 1S133BA05700 DESCRIPTION OF WORK (2) gas furnace & (2) Ac reconnects APPLICANT Name: tom stanton Phone: 9712353316 Fax: Email: CONTRACTOR Elec IIc. no.: 37-1053C CCB IIc. no.: 179408 Business Name: ERIC OLSON ELECTRIC INC Contact: Address: 10013 NE HAZEL DELL AVE PMB#432 City/State/ZIP: VANCOUVER, WA 98685 Phone: 3602581849 Fax: 3602581849 Fax: 3602581859 Email: office@ericolsonelectricinc.com Metro Iic. no.: City Iic. no.: Supervising Electriclan's Name: Number of inspections included in paid sorvices: Residential Service: 4 Reconnect Only: 1 | CA* | TEGORY OF C | ONSTRUCTION | |
| Job Address: 13540 SW HITEON LN City/State/ZIP: BEAVERTON, OR 97008 Suite/bidg/apt.no.: Project Name: 19-2227 Cross Street/directions to job site: Tax map/parcel no.: 1S133BA05700 DESCRIPTION OF WORK (2) gas furnace & (2) Ac reconnects APPLICANT Name: lom stanton Phone: 9712353316 Fax: Email: CONTRACTOR Elec IIc. no.: 37-1053C CCB IIc. no.: 179408 Business Name: ERIC OLSON ELECTRIC INC Contact: Address: 10013 NE HAZEL DELL AVE PMB#432 City/State/ZIP: VANCOUVER, WA 98685 Phone: 3602581849 Fax: 3602581859 Email: office@ericolsonelectricinc.com Metro Iic. no.: Supervising Electriclan's IIc. no.: Supervising Electriclan's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | 1 or 2 family dwelling | Multi-family | Commercial | Accessory . |
| City/State/ZIP: BEAVERTON, OR 97008 Suite/bidg/apt.no.: Project Name: 19-2227 Cross Street/directions to job site: Tax map/parcel no.: 1S133BA05700 DESCRIPTION OF WORK (2) gas furnace & (2) Ac reconnects APPLICANT Name: tom stanton Phone: 9712353316 Fax: Email: CONTRACTOR Elec Ilc. no.: 37-1053C CCB Ilc. no.: 179408 Business Name: ERIC OLSON ELECTRIC INC Contact: Address: 10013 NE HAZEL DELL AVE PMB#432 City/State/ZIP: VANCOUVER, WA 98685 Phone: 3602581849 Fax: 3602581859 Email: office@ericolsonelectricinc.com Metro Ilc. no.: City Ilc. no.: Supervising Electriclan's Ilc. no.: Supervising Electriclan's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | JOB SIT | E INFORMATI | ON AND LOCAT | ION |
| Suite/bidg/apt.no.: Project Name: 19-2227 Cross Street/directions to job site: Tax map/parcel no.: 1\$133BA05700 DESCRIPTION OF WORK (2) gas furnace & (2) Ac reconnects APPLICANT Name: tom stanton Phone: 9712353316 Fax: Email: CONTRACTOR Elec lic. no.: 37-1053C CCB lic. no.: 179408 Business Name: ERIC OLSON ELECTRIC INC Contact: Address: 10013 NE HAZEL DELL AVE PMB#432 City/State/ZIP: VANCOUVER, WA 98685 Phone: 3602581849 Fax: 3602581859 Email: office@ericolsonelectricinc.com Metro lic. no.: City lic. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | Job Address: 13540 SW HIT | EON LN | | |
| Project Name: 19-2227 Cross Street/directions to job site: Tax map/parcel no.: 1S133BA05700 DESCRIPTION OF WORK (2) gas furnace & (2) Ac reconnects APPLICANT Name: tom stanton Phone: 9712353316 Fax: Email: CONTRACTOR Elec lic. no.: 37-1053C CCB lic. no.: 179408 Business Name: ERIC OLSON ELECTRIC INC Contact: Address: 10013 NE HAZEL DELL AVE PMB#432 City/State/ZIP: VANCOUVER, WA 98685 Phone: 3602581849 Fax: 3602581859 Email: office@ericolsonelectricinc.com Metro lic. no.: City lic. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | City/State/ZIP: BEAVERTON, | OR 97008 | | |
| Cross Street/directions to job site: Tax map/parcel no.: 1S133BA05700 DESCRIPTION OF WORK (2) gas furnace & (2) Ac reconnects APPLICANT Name: tom stanton Phone: 9712353316 Fax: Email: CONTRACTOR Elec IIc. no.: 37-1053C CCB IIc. no.: 179408 Business Name: ERIC OLSON ELECTRIC INC Contact: Address: 10013 NE HAZEL DELL AVE PMB#432 City/State/ZiP: VANCOUVER, WA 98685 Phone: 3602581849 Fax: 3602581859 Email: office@ericolsonelectricinc.com Metro IIc. no.: City IIc. no.: Supervising Electriclan's IIc. no.: Supervising Electriclan's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | Suite/bldg./apt.no.: | | | |
| DESCRIPTION OF WORK (2) gas furnace & (2) Ac reconnects APPLICANT Name: tom stanton Phone: 9712353316 Fax: Email: CONTRACTOR Elec Ilc. no.: 37-1053C CCB Ilc. no.: 179408 Business Name: ERIC OLSON ELECTRIC INC Contact: Address: 10013 NE HAZEL DELL AVE PMB#432 City/State/ZIP: VANCOUVER, WA 98685 Phone: 3602581849 Fax: 3602581859 Email: office@ericolsonelectricinc.com Metro Ilc. no.: City Ilc. no.: Supervising Electrician's Ilc. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | Project Name: 19-2227 | | | |
| DESCRIPTION OF WORK (2) gas furnace & (2) Ac reconnects APPLICANT Name: tom stanton Phone: 9712353316 Fax: Email: CONTRACTOR Elec Ilc. no.: 37-1053C CCB lic. no.: 179408 Business Name: ERIC OLSON ELECTRIC INC Contact: Address: 10013 NE HAZEL DELL AVE PMB#432 City/State/ZIP: VANCOUVER, WA 98685 Phone: 3602581849 Fax: 3602581859 Email: office@ericolsonelectricinc.com Metro lic. no.: City lic. no.: Supervising Electrician's lic. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | Cross Street/directions to job | site; | | |
| APPLICANT Name: tom stanton Phone: 9712353316 Fax: Email: CONTRACTOR Elec IIc. no.: 37-1053C CCB IIc. no.: 179408 Business Name: ERIC OLSON ELECTRIC INC Contact: Address: 10013 NE HAZEL DELL AVE PMB#432 City/State/ZIP: VANCOUVER, WA 98685 Phone: 3602581849 Fax: 3602581859 Email: office@ericolsonelectricinc.com Metro IIc. no.: City IIc. no.: Supervising Electriclan's IIc. no.: Supervising Electriclan's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | Tax map/parcel no.: 1S13 | 3BA05700 | | |
| APPLICANT Name: tom stanton Phone: 9712353316 Fax: Email: CONTRACTOR Elec IIc. no.: 37-1053C CCB IIc. no.: 179408 Business Name: ERIC OLSON ELECTRIC INC Contact: Address: 10013 NE HAZEL DELL AVE PMB#432 City/State/ZIP: VANCOUVER, WA 98685 Phone: 3602581849 Fax: 3602581859 Email: office@ericolsonelectricinc.com Metro Iic. no.: City Iic. no.: Supervising Electrician's IIc. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | | DESCRIPTION | OF WORK | |
| Name: tom stanton Phone: 9712353316 Fax: Email: CONTRACTOR Elec IIc. no.: 37-1053C CCB IIc. no.: 179408 Business Name: ERIC OLSON ELECTRIC INC Contact: Address: 10013 NE HAZEL DELL AVE PMB#432 City/State/ZIP: VANCOUVER, WA 98685 Phone: 3602581849 Fax: 3602581859 Email: office@ericoisonelectricinc.com Metro Iic. no.: City Iic. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | (2) gas furnace & (2) Ac recon | nects | | |
| Name: tom stanton Phone: 9712353316 Fax: Email: CONTRACTOR Elec IIc. no.: 37-1053C CCB IIc. no.: 179408 Business Name: ERIC OLSON ELECTRIC INC Contact: Address: 10013 NE HAZEL DELL AVE PMB#432 City/State/ZIP: VANCOUVER, WA 98685 Phone: 3602581849 Fax: 3602581859 Email: office@ericoisonelectricinc.com Metro Iic. no.: City Iic. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | | | | |
| Phone: 9712353316 Fax: Email: CONTRACTOR Elec IIc. no.: 37-1053C CCB IIc. no.: 179408 Business Name: ERIC OLSON ELECTRIC INC Contact: Address: 10013 NE HAZEL DELL AVE PMB#432 City/State/ZIP: VANCOUVER, WA 98685 Phone: 3602581849 Fax: 3602581859 Email: office@ericolsonelectricinc.com Metro IIc. no.: City IIc. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | | APPLIC | CANT | |
| Email: CONTRACTOR Elec IIc. no.: 37-1053C CCB IIc. no.: 179408 Business Name: ERIC OLSON ELECTRIC INC Contact: Address: 10013 NE HAZEL DELL AVE PMB#432 City/State/ZIP: VANCOUVER, WA 98685 Phone: 3602581849 Fax: 3602581859 Email: office@ericolsonelectricinc.com Metro IIc. no.: City IIc. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | Name: tom stanton | | | |
| CONTRACTOR Elec IIc. no.: 37-1053C CCB IIc. no.: 179408 Business Name: ERIC OLSON ELECTRIC INC Contact: Address: 10013 NE HAZEL DELL AVE PMB#432 City/State/ZIP: VANCOUVER, WA 98685 Phone: 3602581849 Fax: 3602581859 Email: office@ericolsonelectricinc.com Metro IIc. no.: City IIc. no.: Supervising Electrician's IIc. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | Phone: 9712353316 | | Fax: | |
| Elec IIc. no.: 37-1053C CCB IIc. no.: 179408 Business Name: ERIC OLSON ELECTRIC INC Contact: Address: 10013 NE HAZEL DELL AVE PMB#432 City/State/ZIP: VANCOUVER, WA 98685 Phone: 3602581849 Fax: 3602581859 Email: office@ericoisonelectricinc.com Metro Iic. no.: City Iic. no.: Supervising Electrician's IIc. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | Email: | | | |
| Business Name: ERIC OLSON ELECTRIC INC Contact: Address: 10013 NE HAZEL DELL AVE PMB#432 City/State/ZIP: VANCOUVER, WA 98685 Phone: 3602581849 Fax: 3602581859 Email: office@ericolsonelectricinc.com Metro lic. no.: City lic. no.: Supervising Electrician's lic. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | | CONTRA | ACTOR | |
| Contact: Address: 10013 NE HAZEL DELL AVE PMB#432 City/State/ZIP: VANCOUVER, WA 98685 Phone: 3602581849 Fax: 3602581859 Email: office@ericolsonelectricinc.com Metro lic. no.: City lic. no.: Supervising Electrician's lic. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | Elec IIc. no.: 37-1053C | CC | B lic. no.: 179408 | |
| Address: 10013 NE HAZEL DELL AVE PMB#432 City/State/ZIP: VANCOUVER, WA 98685 Phone: 3602581849 Fax: 3602581859 Email: office@ericoisonelectricinc.com Metro lic. no.: City lic. no.: Supervising Electrician's lic. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | Business Name: ERIC OLSO | N ELECTRIC INC | | |
| City/State/ZIP: VANCOUVER, WA 98685 Phone: 3602581849 Fax: 3602581859 Email: office@ericolsonelectricinc.com Metro lic. no.: City lic. no.: Supervising Electrician's lic. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | Contact: | | | |
| Phone: 3602581849 Fax: 3602581859 Email: office@ericolsonelectricinc.com Metro lic. no.: City lic. no.: Supervising Electrician's lic. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | Address: 10013 NE HAZEL D | ELL AVE PMB#43 | 32 | |
| Email: office@ericolsonelectricinc.com Metro lic. no.: City lic. no.: Supervising Electrician's lic. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | City/State/ZIP: VANCOUVER | , WA 98685 | | |
| Metro lic. no.: Supervising Electrician's lic. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | Phone: 3602581849 | | Fax: 3602581859 | |
| Supervising Electrician's IIc. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | Email: office@ericolsonelectri | cinc.com | | |
| Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | Metro lic. no.: | | City lic. no.: | |
| Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | Supervising Electrician's lic. | no.: | | |
| Residential Service: 4 Reconnect Only: 1 | Supervising Electrician's Na | me: | | |
| Reconnect Only: 1 | | | es: | |
| • | 110010111111111111111111111111111111111 | | | |
| · | | | | |

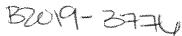
| Please check all that apply: | | Hazard | ous location | ns |
|--|-----|-------------------|---------------------------------|--|
| A service or feeder beginning at 400 Amps where the | | | ce or feede ps or more | |
| available fault current exceeds 10,000 Amps at 150 Volts or | | Building | gs more tha | in three stor |
| less to ground exceeds | | Marina | s and boat | yards |
| 14,000 Amps for all other | | Floating | g buildings | |
| Fire pumps | _ | Comme building | ercial-use a js | gricultural |
| Emergency systems | | | tion of a 15 | |
| Addition of a new motor load of 100 HP or more | _ | • | seperately on ', or "I-2" or | |
| Six or more residential units in one structure | | Recrea | itional Vehic | cle Parks |
| Health care facilities | | | voltage for pply volts n | |
| FEE SC | HED | ULE | | |
| Description | | Qty. | Ea. | Total |
| Branch circuits | | | | A factor of the second of the |
| Branch circuits without service or feeder | | 1 | \$81.14 | \$81.14 |
| Branch circuits each additional circuit without service | | 3 | \$4.26 | \$12.78 |
| Electrical Permit Fees | | | | A CONTROL OF THE PROPERTY OF T |
| Subtotal | | | | \$93.92 |
| State surcharge (12% of permit total) | | | | \$11.27 |
| TOTAL PERMIT FEE | | | | \$105.19 |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

12725 SW Milikan Way



Commercial Electrical Authorization To Begin Work 05350-BEL-19-00782

Approval Code: 05094G 9/6/2019 8:45 am

E-mailed To: cowlesrt@frontier.com

| verton, OR 97076 ne: 503-526-2542 | 52019- | 25774 |
|--------------------------------------|-----------|-------|
| ail: cundenwood@heavertono | regon gov | ~~~ |

| | TYPE OF WORK | |
|--|---|-----------------------------------|
| New Construction | Addition/alteration/replacement | Please check a |
| CATE | GORY OF CONSTRUCTION | A service o |
| 1 or 2 family dwelling | Multi-family X Commercial Accessory | available fa |
| JOB SITE | INFORMATION AND LOCATION | 10,000 Am less to grou |
| Job Address: 12725 SW MILLIK | AN WAY | 14,000 Am |
| City/State/ZIP: BEAVERTON, OF | R 97005 | Fire pumps |
| Suite/bldg./apt.no.: 220 | | ☐ Emergency |
| Project Name: suite 200 break ro | om | of 100 HP |
| Cross Street/directions to job si | te: | Six or more one structu |
| | | ☐ Health care |
| Tax map/parcel no.: 1S116A | | |
| | ESCRIPTION OF WORK | Description |
| electrical work is in new suite 200 outlets in break-room area and ex | addition of 2 circuits for a dishwasher and counter dension of the existing circuit for for outlet. | Branch circuit |
| | • | Branch circuits feeder |
| | APPLICANT | Branch circuits circuit without s |
| Name: Richard Cowles | | Electrical Pen |
| Phone: 5033572200 | Fax: 5033572212 | Subtotal |
| Email: | | State surcharge total) |
| | CONTRACTOR | TOTAL PERMI |
| Elec lic. no.: 34-572C | CCB lic. no.: 159395 | |
| Business Name: OES LLC | | |
| Contact: | | |
| Address: 1820 POPLAR ST | | |
| City/State/ZIP: FOREST GROVE | , OR 97116 | |
| Phone: 5033572200 | Fax: 5033572212 | |
| Email: cowlesrt@frontier.com | | |
| Metro lic. no.: | City lic. no.: | |
| Supervising Electrician's lic. no. | | |
| Supervising Electrician's Name: | |] |
| Number of inspections included Residential Service: 4 Reconnect Only: 1 All Other Services: 2 | l in paid services: | |

Upon review and approval by your local Jurisdiction, your permit will be e-malled or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

| PLAN REVIEW | | | | |
|---|---------|------------------|-----------------------------|--|
| Please check all that apply: | | Hazard | lous location | าร |
| A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or | | | ce or feeder nps or more | rated at |
| | | Buildin | gs more tha | n three stor |
| less to ground exceeds | | Marina | s and boat y | /ards |
| 14,000 Amps for all other | | Floatin | g buildings | |
| Fire pumps | | Comm building | ercial-use a gs | gricultural |
| Emergency systems | | | ation of a 15 | |
| Addition of a new motor load of 100 HP or more | _ | • | seperately d | · |
| Six or more residential units in | 빌 | • | ", or "l-2" or | |
| one structure | | | ational Vehic | |
| Health care facilities | | | voltage for pply volts no | |
| FEESC | HEC | ULE | | Commission of the Commission o |
| Description | | Qty. | Ea. | Total |
| Branch circuits | | | | PAGE CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRA |
| Branch circuits without service or feeder | | 1 | \$81.14 | \$81.14 |
| Branch circuits each additional circuit without service | | 2 | \$4.26 | \$8.52 |
| Electrical Permit Fees | | | | |
| Subtotal | \perp | | | \$89.66 |
| State surcharge (12% of permit total) | | | | \$10.76 |
| TOTAL PERMIT FEE | | | | \$100.42 |



Electrical Permit Application
12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov

| OFFICE USE ONLY | | |
|-----------------|---------------|--|
| Date Received: | Permit No.: | |
| Date Issued: | By: | |
| | Payment Type: | |

| | TYPE O | F WORK | |
|--|-------------------------|--|---|
| ☐ New construction | Addition/alte | ration/replaceme | ent |
| | ☐ Other: CATEGORY OF | CONSTRUCTION | DN . |
| 1- and 2-family dwelling | ☐ Commercial | | ☐ Accessory building |
| ☐ Multi-family | ☐ Master build | er | Other: |
| | B SITE INFORMAT | | |
| | ob address: 1192 | 2 NW Weyb | ridge Way |
| City/State/ZIP: Beavertor | n OR 97006 | γ | |
| Suite/bldg./apt. no.: | | Project name: | Balcony enclousure |
| Cross street/directions to job site | ⇒ 173rd Ave | | |
| Subdivision: Winthrop Pa | rk No 2 | Lot no.: 72 | |
| Tax map/parcel no.: 1N131. | AC-12600 | | |
| | DESCRIPTIO | N OF WORK | |
| Add 3 additional outlets | to existing G | FI circuit in | room. |
| ☑ PROPERTY OV | VNER | | ☐ TENANT , |
| Name: Bruce Rupprecht | | , | |
| Address: 1192 NW Weyb | ridge Way | | |
| City/State/ZIP: Beaverton | Or 97006 | | - Carlotte Control of |
| Phone: (503) 998-5439 | | Fax: | |
| E-mail: brucerpdx@gma | il.com | | |
| Owner installation: This installs sale, lease, rent, or exchange; Owner signature: | (f | yyrill | Date: 09/03/19 |
| ☑ APPLICAN | т | | CONTACT PERSON |
| Business name: | | | |
| Contact name: Property C | wner - see ab | ove | |
| Address: | | | |
| City/State/ZIP: | | | |
| Phone: | | Fax: | |
| E-mail: | | • | |
| | CONTRA | CTOR | |
| Business name: property of | wner - see ab | oove | |
| Address: | | | |
| City/State/ZIP: | | ······································ | |
| Phone: | | Fax: | |
| E-mail: | | CCB lic. no.; | |
| Electrical lic. no.: | | City or metro li | ic.: |
| Supervising electrician signature, required: | | | |
| Print name: | | | Date: |
| Authorized signature: | u-/<499 | M | 96/10 |
| Print name: SRVC2 | / CUPPE | <u> </u> | Date: 1/7/ |

| Paymo | ent Type | : | | |
|--|--|-----------|--------------|------------------------|
| DI ANI | REV/IEW | v | | |
| PLAN REVIEW Please check all that apply: Service or feeder over 600 amps Service or feeder 400amps or more Hire pump Emergency system Addition of new motor PLAN REVIEW Service or feeder over 600 amps Building over three stories Marinas and boatyards Floating buildings Commercial-use agricultural buildings | | | | |
| load of 100HP or more Six or more residential units Health-care facilities Hazardous locations | ☐ Installation of 150 KVA or larger | | | er |
| C Tideatacac iocalionic | CHEDUL | | entote banka | |
| Description | Qty. | Fee | Total | • |
| Residential single- or multi-fam includes attached garage | | | | |
| 1,000 sq. ft. or less | | 194.64 | | 4 |
| Ea. add'l 500 sq. ft. or portion | | 34.77 | | |
| Limited energy, residential (with above sq. ft.) Limited energy, multi-family | | 46.42 | | 2 |
| residential (with above sq. ft.) | | 91.72 | | 2 |
| Services or feeders installation | , alterati | on, and/o | r relocation | |
| 200 amps or less | | 115.83 | | 2 |
| 201 amps to 400 amps | | 137.89 | | 2 |
| 401 amps to 600 amps | | 229.34 | | 2 |
| 601 amps to 1,000 amps | | 299.93 | | 2 |
| Over 1,000 amps or volts | | 690.22 | | 2 |
| Utility reconnect | | 91.72 | | 1 |
| Temporary services or feeders | installat | | tion, and/or | 1 . |
| relocation | | | , | |
| 200 amps or less | | 91.72 | | 2 |
| 201 amps to 400 amps | | 127.41 | | 2 |
| 401 amps to 600 amps | | 184.11 | | 2 |
| 601 amps to 1,000 amps | | 225.29 | | 2 |
| Branch circuits – new, alteratio | n, or ext | ension, p | er panel | |
| A. Fee for branch circuits with above service or feeder fee, each branch circuit | | 4.26 | | 2 |
| B. Fee for branch circuits without service or feeder fee, first branch circuit | | 81.14 | | 2 |
| Each add'i branch circuit | | 4.26 | | |
| Miscellaneous (service or feede | er not in | cluded) | | |
| Each manufactured or modular dwelling, service, and/or feeder | | 91.72 | | 2 |
| Pump or irrigation circle | | 91.72 | | 2 |
| Sign or outline lighting | | 91.72 | | 2 |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe: | | 91.72 | | 2 |
| Each additional inspection over allowable in any of the above | | | | - Company transmission |
| Per inspection | | 81.14 | | |
| Investigation fee | | | | |
| Other: | | | , | |
| Electrical permit fees | <u></u> | | | |
| | TOTAL | | | 0.00 |
| Plan review (25% | | mit fee) | | |
| State surcharge (12% | State surcharge (12% of permit fee) 0.00 | | | |
| TOTAL PERMIT FEE \$0.00 | | | | |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete
*Number of inspections allowed per permit.
Form 870-1002 REV 10/17



Electrical Permit Application 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov

| RECEIVED | |
|---------------------------|------------------------|
| OFFICE | USE ONLY |
| Date Received: 09/05/2019 | Permit No.: B2019-3756 |
| Date Issued: 4-5-19 | Ву: 10 |
| CITY OF BEAVERTON | Payment Type: VISA |

| In our exploration and parameters of the Charles of Charles | TYPE O | F WORK | |
|--|--|--------------------|----------------------------------|
| ☐ New construction | | | |
| | Other: | CONSTRUCTION | N |
| 1- and 2-family dwelling Multi-family | ⊠ Commercial ☐ Mester build | | Accessory building Other: |
| | JOB SITE INFORMA | TION AND LOC | ATION |
| Job no,; | Job address: 9300 | SW Gemir | ni Dr. |
| City/State/ZIP: Beaver | ton, OR 97008 | | |
| Suite/bidg,/apt. no.: | | Project name: | BiAmp |
| Cross street/directions to job | site: | | |
| Subdivision: | | Lot no.; | |
| Tax map/parcel no.: | | <u> </u> | |
| | DESCRIPTIO | N OF WORK | |
| Fire Alarm and Phon | e/Data | | |
| ☐ PROPERTY | OWNER | | ☑ TENANT |
| Name: BiAmp | | | |
| Address: 9300 SW Ger | mini Dr. | | |
| City/State/ZIP: Beavertor | n, OR 97008 | | |
| Phone: | | Fax: | |
| E-mail: | | | |
| Owner Installation: This install | | on property that | l own, which is not intended for |
| ⊠ APPLICA | ANT | | CONTACT PERSON |
| Business name: Point M | onitor Corp. | | |
| Contact name: Brooke V | Milliams | | |
| D. 00.00 . | villaria | | j |
| Address: 5863 Lakevie | | | |
| | w Blvd #100 | | |
| Address: 5863 Lakevie | w Blvd #100 ego, OR 97035 | Fax: | |
| Address: 5863 Lakevie City/State/ZIP: Lake Osw | w Blvd #100 ego, OR 97035 | Fax: | |
| Address: 5863 Lakevie City/State/ZIP: Lake Osw Phone: (503) 627-0100 | w Blvd #100 ego, OR 97035 | | |
| Address: 5863 Lakevie City/State/ZIP: Lake Osw Phone: (503) 627-0100 E-mail: bwilliams@poin | w Blvd #100 rego, OR 97035 D ntmonitor.com | | |
| Address: 5863 Lakevie City/State/ZIP: Lake Osw Phone: (503) 627-0100 E-mail: bwilliams@poin | ew Blvd #100 rego, OR 97035 ntmonitor.com CONTRAC | | |
| Address: 5863 Lakevie City/State/ZIP: Lake Osw Phone: (503) 627-0100 E-mail: bwilliams@poin Business name: Point M Address: 5863 Lakevie | ew Blvd #100 rego, OR 97035 ntmonitor.com CONTRAC | PTOR | |
| Address: 5863 Lakevie City/State/ZIP: Lake Osw Phone: (503) 627-0100 E-mail: bwilliams@poin Business name: Point M Address: 5863 Lakevie | PW Blvd #100 rego, OR 97035 Definition of the contract co | PTOR | |
| Address: 5863 Lakevie City/State/ZIP: Lake Osw Phone: (503) 627-0100 E-mail: bwilliams@point Business name: Point M Address: 5863 Lakevie City/State/ZIP: Lake Osw Phone: (503) 627-010 | PW Blvd #100 rego, OR 97035 Definition of the contract co | etor 5 | 135901 |
| Address: 5863 Lakeviel City/State/ZIP: Lake Osw Phone: (503) 627-0100 E-mail: bwilliams@poin Business name: Point M Address: 5863 Lakeviel City/State/ZIP: Lake Osw Phone: (503) 627-0100 E-mail: bwilliams@poin Electrical lic. no.: 34-50 | ew Blvd #100 rego, OR 97035 contraction Contraction Corp. ew Blvd #100 rego, OR 97035 contraction Corp. ew Blvd #100 rego, OR 97035 | CTOR | |
| Address: 5863 Lakevie City/State/ZIP: Lake Osw Phone: (503) 627-0100 E-mail: bwilliams@poin Business name: Point M Address: 5863 Lakevie City/State/ZIP: Lake Osw Phone: (503) 627-0100 E-mail: bwilliams@poin | ew Blvd #100 rego, OR 97035 contraction Contraction Corp. ew Blvd #100 rego, OR 97035 contraction Corp. ew Blvd #100 rego, OR 97035 | Fax: CCB lic. no.: | |
| Address: 5863 Lakevie City/State/ZIP: Lake Osw Phone: (503) 627-0100 E-mail: bwilliams@poin Business name: Point M Address: 5863 Lakevie City/State/ZIP: Lake Osw Phone: (503) 627-0100 E-mail: bwilliams@poin Electrical Ilic. no.: 34-500 Supervising electriciam | ew Blvd #100 rego, OR 97035 contraction Contraction Corp. ew Blvd #100 rego, OR 97035 contraction Corp. ew Blvd #100 rego, OR 97035 | Fax: CCB lic. no.: | |
| Address: 5863 Lakevie City/State/ZIP: Lake Osw Phone: (503) 627-0100 E-mail: bwilliams@point Maddress: 5863 Lakevie City/State/ZIP: Lake Osw Phone: (503) 627-0100 E-mail: bwilliams@point Electrical lic. no.: 34-500 Supervising electriciant signature, required: | ew Blvd #100 rego, OR 97035 contraction Contraction Corp. ew Blvd #100 rego, OR 97035 contraction Corp. ew Blvd #100 rego, OR 97035 | Fax: CCB lic. no.: | 09/05/10 |

| ILDING DIVISION I | | | | |
|---|--|------------------------|---------------------------------------|--|
| PIAN | REVIE | N | | |
| Please check all that apply: | and the second second | 1,000 | ler over 600 ar | กกร |
| ☐ Service or feeder 400amps | | | three stories | 11/12 |
| or more | ☐ Marinas and boatyards | | | |
| ☐ Fire pump | | ating buildi | | |
| ☐ Emergency system ☐ Addition of new motor | | | ise agricultur | al |
| load of 100HP or more | 1 | dings aliation of 1 | 50 KVA or larg | |
| ☐ Six or more residential units | Sec | arately deni | ved system | lat |
| ☐ Health-care facilities | | "E,"*1-2,* "L | 3" occupancy | |
| ☐ Hazardous locations | ☐ Rec | reational v | vehicle parks | |
| FEE S | CHEDUL | E Common | Résidence | |
| Description | Qty. | Fee | Total | * |
| Residential single- or multi-fam includes attached garage | ily dwel | ling unit | | |
| 1,000 sq. ft. or less | gations agrees | 194.64 | | 4 |
| Ea, add't 500 sq. ft. or portion | | | | + |
| Limited energy, residential | | 34.77 | | |
| (with above sq. ft.) | | 46.42 | | 2 |
| Limited energy, multi-family | | 91.72 | | 2 |
| residential (with above sq. ft.) Services or feeders installation | l alterati | 1 | l Sustancia | 1 |
| | , auerati | | · · · · · · · · · · · · · · · · · · · | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 200 amps or less | - | 115.83 | | 2 |
| 201 amps to 400 amps | - | 137.89 | <u> </u> | 2 |
| 401 amps to 600 amps | | 229.34 | | 2 |
| 601 amps to 1,000 amps | | 299.93 | | 2 |
| Over 1,000 amps or volts | | 690.22 | | 2 |
| Utility reconnect | | 91.72 | | 1 |
| Temporary services or feeders | Installat | ion, altera | ation, and/or | 7113575 |
| relocation 200 amps or less | T | 04.70 | I | 1 2 |
| 201 amps to 400 amps | | 91.72 | | 2 2 |
| 401 amps to 600 amps | - | 127.41 184.11 | | 2 |
| 601 amps to 1,000 amps | | 225.29 | <u> </u> | 2 |
| Branch circuits – new, alteration | | | | <u> </u> |
| A. Fee for branch circuits with | , or exc | enaton, p | er paner | l |
| above service or feeder fee, | | 4.26 | | 2 |
| each branch circuit | | | | |
| B. Fee for branch circuits without service or feeder fee, | | 81.14 | | 2 |
| first branch circuit | | 01.14 | | |
| Each add'i branch circuit | | 4,26 | | |
| Miscellaneous (service or feede | r not lno | (bebula | | |
| Each manufactured or modular | | 91.72 | | 2 |
| dwelling, service, and/or feeder Pump or imigation circle | | | | |
| | ┼ | 91.72 | | 2 |
| Sign or outline lighting Signal circuit(s) or limited-energy | \vdash | 91.72 | | 2 |
| panel, alteration, or | | A | | |
| extension. Describe: | 2 | 91.72 | 183.44 | 2 |
| | | | | <u> </u> |
| Each additional inspection | | | | |
| over allowable in any of the above | | | | |
| Per inspection | | Q1 1 <i>1</i> | | |
| Investigation (ee | - | 81.14 | | <u> </u> |
| Other: | | | | |
| Electrical permit fees | | | | |
| | OTAL | | 40 | 3.44 |
| | | | 10. | J,44 |
| Plan review (25% | or perr | TILL TEE) | | |
| State surcharge (12% | of perr | nit fee) | 22 | 2.01 |
| TOTAL PERMIT FEE \$205,4 | | 5.45 | | |
| φ200,40 | | | ,,- ₁ U | |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Number of inspections allowed per permit.

REV 10/17

BQ19-3731
Residential Electrical Authorization To Begin Work
05350-BEL-19-00766

PLAN REVIEW

12725 SW Milikan Way
Beaverton, OR 97076

Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

Approval Code: 16027G 9/2/2019 5:38 pm

E-mailed To: GenesisElectricNW@Gmail.com

| | TYPE OF WORK |
|-------------------------------|--|
| New Construction | |
| CA | TEGORY OF CONSTRUCTION |
| X 1 or 2 family dwelling | Multi-family Commercial Accessory |
| JOB SI | TE INFORMATION AND LOCATION |
| Job Address: 15875 SW BC | DBWHITE CIR |
| City/State/ZIP: BEAVERTON | I, OR 97007 |
| Sulte/bldg./apt.no.: | |
| Project Name: Gary - Bobwh | ite |
| Cross Street/directions to jo | b site: |
| Tax map/parcel no.: 1S1 | 32DB06600 |
| | DESCRIPTION OF WORK |
| Bath remodel, R&R fan, move | e outlets and switches |
| | |
| | APPLICANT |
| Name: KEITH CIMINSKI | Signature person of the decorate diagram of the decora |
| Phone: 5033038056 | Fax: 5033038605 |
| Email: | |
| | CONTRACTOR |
| Elec lic. no.: C692 | CCB lic. no.: 192658 |
| Business Name: GENESIS I | ELECTRIC NW LLC |
| Contact: | |
| Address: 16379 TRAIL VIEV | V DR |
| City/State/ZIP: OREGON CI | TY, OR 97045 |
| Phone: 5033038056 | Fax: 5033038605 |
| Email: GENESISELECTRICI | NW@GMAIL.COM |
| Metro lic. no.: | City lic. no.: |
| Supervising Electrician's lic | o, no.: |
| Supervising Electrician's Na | ame: |
| Reconnect Only: | uded in paid services: 4 1 2 |

| A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | Please check all that apply: | | | Hazardous locations | | | |
|---|------------------------------|-----------------------------|--------------------------------|---------------------|--------------|-------------|--|
| 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | | at 400 Amps where the | | torque! | | | |
| tess to ground exceeds 14,000 Amps for all other Fire pumps Commercial-use agricultural buildings Emergency systems Addition of a new motor load of 100 HP or more Six or more residential units in one structure Health care facilities FEE SCHEDULE Description Gty. Ea. Total Branch circuits Branch circuits without service or feeder Branch circuits each additional circuit without service Electrical Permit Fees Subtotal Marinas and boat yards Floating buildings Commercial-use agricultural buildings Installation of a 150 KVA or larger seperately derived sys of 100 HP or more Installation of a 150 KVA or larger seperately derived sys of 100 HP or more Installation of a 150 KVA or larger seperately derived sys of 120 KVA or larger seperately derived sys | | | Buildings more than three stor | | | | |
| ☐ Fire pumps ☐ Commercial-use agricultural buildings ☐ Emergency systems ☐ Installation of a 150 KVA or larger seperately derived sys of 100 HP or more ☐ "A", "E", or "I-2" or "I-3" ☐ Six or more residential units in one structure ☐ Health care facilities ☐ Supply voltage for more than 600 supply volts nominal ☐ FEE SCHEDULE ☐ Description ☐ Qty. ☐ Ea. ☐ Total ☐ Branch circuits without service or 1 ☐ \$81.14 ☐ \$81.14 ☐ \$81.14 ☐ \$81.14 ☐ \$85.52 ☐ Circuit without service ☐ Electrical Permit Fees ☐ Subtotal ☐ \$89.66 ☐ \$10.7 | | • | | Marina | s and boat | yards | |
| Fire pumps buildings Emergency systems Installation of a 150 KVA or larger seperately derived sys of 100 HP or more "A", "E", or "I-2" or "I-3" Six or more residential units in one structure Supply voltage for more than 600 supply volts nominal Health care facilities Gty. Ea. Total Branch circuits Branch circuits without service or feeder 1 \$81.14 \$81.14 Branch circuits each additional circuit without service 2 \$4.26 \$8.52 Electrical Permit Fees Subtotal \$89.66 | | 14,000 Amps for all other | | Floating | g buildings | | |
| Addition of a new motor load of 100 HP or more "A", "E", or "I-2" or "I-3" Six or more residential units in one structure Supply voltage for more than 600 supply volts nominal FEE SCHEDULE Description Qty. Ea. Total Branch circuits Branch circuits without service or feeder Branch circuits each additional circuit without service Electrical Permit Fees Subtotal \$89.66 State surcharge (12% of permit total) | | Fire pumps | | | | gricultural | |
| of 100 HP or more "A", "E", or "I-2" or "I-3" Six or more residential units in one structure Supply voltage for more than 600 supply volts nominal FEE SCHEDULE Description Qty. Ea. Total Branch circuits Branch circuits without service or feeder Branch circuits each additional circuit without service Electrical Permit Fees Subtotal \$89.66 State surcharge (12% of permit total) | | Emergency systems | | Installa | tion of a 15 | 0 KVA or | |
| Six or more residential units in one structure Health care facilities Supply voltage for more than 600 supply volts nominal FEE SCHEDULE Description Qty. Ea. Total Branch circuits Branch circuits without service or feeder Branch circuits each additional circuit without service Electrical Permit Fees Subtotal Six or more residential units in Recreational Vehicle Parks Supply voltage for more than 600 supply volts nominal **FEE SCHEDULE* **Ba. Total **\$81.14 * | | | П | - | | 1 | |
| FEE SCHEDULE Description Qty. Ea. Total Branch circuits Branch circuits without service or feeder Branch circuits each additional circuit without service Electrical Permit Fees Subtotal State surcharge (12% of permit total) | | #*** | | | • | | |
| Description Qty. Ea. Total Branch circuits Branch circuits without service or feeder Branch circuits each additional circuit without service Electrical Permit Fees Subtotal \$89.66 State surcharge (12% of permit total) | | Health care facilities | | | | | |
| Branch circuits Branch circuits without service or feeder Branch circuits each additional circuit without service Electrical Permit Fees Subtotal State surcharge (12% of permit total) | | FEE SCI | ΙΕΙ | ULE | | Control of | |
| Branch circuits without service or feeder Branch circuits each additional 2 \$4.26 \$8.52 circuit without service Electrical Permit Fees Subtotal \$89.66 State surcharge (12% of permit total) | Des | cription | | Qty. | Ea. | Total | |
| feeder Branch circuits each additional 2 \$4.26 \$8.52 circuit without service Electrical Permit Fees Subtotal \$89.66 State surcharge (12% of permit total) | Brai | nch circuits | | | | | |
| circuit without service Electrical Permit Fees Subtotal \$89.66 State surcharge (12% of permit total) | | | | 1 | \$81.14 | ·\$81.14 | |
| Subtotal \$89.66 State surcharge (12% of permit total) \$10.76 | | | | 2 | \$4.26 | \$8.52 | |
| State surcharge (12% of permit \$10.76 total) | Elec | Electrical Permit Fees | | | | | |
| total) | Sub | Subtotal | | | | \$89.66 | |
| TOTAL PERMIT FEE \$100.42 | 0. | te surcharge (12% of permit | | | | \$10.76 | |
| | | - , , | _ | | | | |

Upon review and approval by your local jurisdiction, your parmit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

12725 SW Milikan Way

Beaverton, OR 97076

eaverton Phone: 503-526-2542

» Email: cunderwood@beavertonoregon.gov

Commercial Electrical Authorization To Begin Work 05350-BEL-19-00767

Approval Code: 050971 9/3/2019 6:30 am

E-mailed To: laurel.semprevivogonzalez@oeg.us.com PLAN REVIEW

| TYPE OF WORK | |
|---|--|
| ☐ New Construction ☐ Addition/alteration/repla | acement |
| CATEGORY OF CONSTRUCTION | |
| 1 or 2 family dwelling Multi-family Commercial Acce | essory |
| JOB SITE INFORMATION AND LOCATION | |
| Job Address: 15455 NW GREENBRIER PKWY | |
| City/State/ZIP: BEAVERTON, OR 97006 | |
| Suite/bldg./apt.no.: | |
| Project Name: 707837-104 Greenbrier | |
| Cross Street/directions to job site: | |
| Tax map/parcel no.: 1N132CA00500 | |
| DESCRIPTION OF WORK | |
| Install wall-mount TV in suite 260 | |
| | |
| APPLICANT | |
| Name: Paul Hobbs | Remod Assess of Account Workshop and A |
| Phone: 5037937537 Fax: | |
| Email: | |
| CONTRACTOR | |
| Elec lic. no.: 26-95C CCB lic. no.: 203 | |
| Business Name: OEG INC | |
| Contact: | |
| Address: 1709 SE 3RD AVE | |
| City/State/ZIP: PORTLAND, OR 97214 | |
| Phone: 5032349900 Fax: 5032341001 | |
| Email: webaccounting@oregon-electric.com | |
| Metro lic. no.: City lic. no.: | |
| Supervising Electrician's lic. no.: | |
| Supervising Electrician's Name: | |
| Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

All Other Services:

The local building department may determine that an Authorization To Begin Work is null and vold if it does not meet applicable land use laws and local ordinances.

| Please check all that apply: | Hazard | lous locations | 3 | |
|--|---|--------------------------------|-------------------|--|
| A service or feeder beginning at 400 Amps where the | A service or feeder rated at 600 amps or more | | | |
| available fault current exceeds 10,000 Amps at 150 Volts or | ☐ Buildin | gs more than | three stor | |
| less to ground exceeds | Marina Marina | s and boat ya | ards | |
| 14,000 Amps for all other | ☐ Floatin | g buildings | | |
| Fire pumps | Comm buildin | ercial-use ag gs | ricultural | |
| Emergency systems | Installa | ition of a 150 | KVA or | |
| Addition of a new motor load | larger | seperately de | erived sys | |
| of 100 HP or more | ☐ "A", "E | ", or "I-2" or " | 1-3" | |
| Six or more residential units in one structure | Recrea | ational Vehicl | e Parks | |
| Health care facilities | | voltage for r pply volts no | | |
| FEE SC | CHEDULE | | | |
| Description | Qty. | Ea. | Total | |
| Branch circuits | | e sa mana | | |
| | 1 | \$81.14 | \$81.14 | |
| Branch circuits without service or feeder | , | | | |
| | | | | |
| feeder | | | \$81.14 | |
| feeder Electrical Permit Fees | | | \$81.14 \$9.74 | |

12725 SW Milikan Way Beaverton, OR 97076

Beaverton Phone: 503-526-2542

R Email: cunderwood@beavertonoregon.gov

B2019-3734 Residential Electrical Authorization To Begin Work 05350-BEL-19-00768

Approval Code: 672998 9/3/2019 11:37 am

E-mailed To: Andrew@squireselectric.com

| PLAN | REV | IEW | | |
|---|-----|----------|--------------------------------|--------------|
| Please check all that apply: | | Hazard | ious location | าร |
| A service or feeder beginning at 400 Amps where the | | | ice or feeder | rated at |
| available fault current exceeds | | Buildin | gs more tha | n three stor |
| 10,000 Amps at 150 Volts or less to ground exceeds | | Marina | s and boat y | ards |
| 14,000 Amps for all other | | Floatin | g buildings | |
| Fire pumps | | Comm | ercial-use a | gricultural |
| Emergency systems | | Installa | - ation of a 15 | 0 KVA or |
| Addition of a new motor load | | larger | seperately d | erived sys |
| of 100 HP or more | | "A", "E | ", or "I-2" or | "l-3" |
| Six or more residential units in one structure | | Recre | ational Vehic | de Parks |
| Health care facilities | | | / voltage for ipply volts n | |
| FEE SC | HED | DULE | | |
| Description | | Qty. | Ea. | Total |
| Branch circuits | | | | |
| Branch circuits without service or feeder | | 1 . | \$81.14 | \$81. |
| Branch circuits each additional circuit without service | | 1 | \$4.26 | \$4.5 |
| Electrical Permit Fees | | | | |
| Subtotal | | | | \$85. |
| State surcharge (12% of permit total) | | | | \$10. |
| | ľ | | 1 | \$95.6 |

| | TYPE OF WORK |
|-----------------------------|--|
| New Construction | Addition/alteration/replacement |
| ille C | ATEGORY OF CONSTRUCTION |
| 1 or 2 family dwelling | Multi-family Commercial Accessory |
| | SITE INFORMATION AND LOCATION |
| Job Address: 8575 SW BI | RCHWOOD RD |
| City/State/ZIP: BEAVERTO | N, OR 97225 |
| Suite/bldg./apt.no.: | |
| Project Name: 8575 SW Bi | rchwood |
| Cross Street/directions to | job site: |
| Tax map/parcel no.: 19 | S111DD01500 |
| | DESCRIPTION OF WORK |
| 2 ckts, BBQ and hot tub por | wer |
| | |
| | APPLICANT |
| Name: Andrew Cohen | Manager programme and the control of |
| Phone: 5032521609 | Fax: 5032535831 |
| Email: | |
| | CONTRACTOR |
| Elec lic. no.: 26-1101C | CCB lic. no.: 135085 |
| Business Name: SQUIRES | B ELECTRIC INC |
| Contact: | |
| Address: 2203 NE MARTI | N LUTHER KING JR BLVD |
| City/State/ZIP: PORTLANI | D, OR 97212 |
| Phone: 5032521609 | Fax: 5032535831 |
| Email: office@squireselect | ric.com |
| Metro lic. no.: | City lic. no.: |
| Supervising Electrician's | lic. no.: |
| Supervising Electrician's | Name: |
| Number of inspections in | cluded in paid services: |
| Residential Service: | 4 |
| Reconnect Only: | 1 |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

B2019-3735

City Of Beaverton

12725 SW Milikan Way Beaverton, OR 97076

Beaverton Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

Commercial Electrical Authorization To Begin Work 05350-BEL-19-00769

Approval Code: 025897 9/3/2019 2:12 pm

E-mailed To: kevins@ticeelectric.com

| | E-1116 | alled To. Ke | VIIISQUICE | 36160010.00 |
|---|---|-------------------|--------------------------------|--------------|
| TYPE OF WORK | PLAN | REVIEW | | |
| New Construction X Addition/alteration/replacement | Please check all that apply: | Hazard | ous location | ıs |
| CATEGORY OF CONSTRUCTION | A service or feeder beginning at 400 Amps where the | | ce or feeder ips or more | rated at |
| 1 or 2 family dwelling Multi-family X Commercial Accessory | available fault current exceeds 10,000 Amps at 150 Volts or | Building | gs more that | n three stor |
| JOB SITE INFORMATION AND LOCATION | less to ground exceeds | Marina: | s and boat y | rards |
| Job Address: 17235 NW CORRIDOR CT | 14,000 Amps for all other | | g buildings | |
| City/State/ZIP: BEAVERTON, OR 97006 | Fire pumps | Comme building | ercial-use aç gs | gricultural |
| Suite/bldg./apt.no.: 150 | Emergency systems | | ition of a 150 seperately d | |
| Project Name: Laser Tag | Addition of a new motor load of 100 HP or more | | ", or "I-2" or | - |
| • | Six or more residential units in | | tional Vehic | |
| Cross Street/directions to job site: | one structure Health care facilities | | voltage for pply volts no | |
| Tax map/parcel no.: 1N130DC00700 | FFF S(| CHEDULE | | |
| DESCRIPTION OF WORK | Description | Qty. | Ea. | Total |
| Add new surface mounted fixtures, receptacles for laser tag, exhaust fan. | Branch circuits | | | |
| | Branch circuits without service or feeder | 1 | \$81.14 | \$81.1 |
| APPLICANT | Branch circuits each additional circuit without service | 7 | \$4.26 | \$29.8 |
| Name: Anna McCall | Miscellaneous | | | |
| Phone: 9712803906 Fax: | Signal circuit(s) or limited-energy panel, alteration, or extension | 1 | \$91.72 | \$91.7 |
| Email: | Electrical Permit Fees | | T T | |
| CONTRACTOR | Subtotal | | | \$202.6 |
| Elec IIc. no.: 26-126C CCB IIc. no.: 166 | State surcharge (12% of permit total) | | | \$24.3 |
| Business Name: TICE ELECTRIC COMPANY | TOTAL PERMIT FEE | | | \$227.0 |
| Contact: | | | | |
| Address: 5405 N LAGOON AVE | | | | |
| City/State/ZIP: PORTLAND, OR 97217 | | | | |
| Phone: 5038728256 Fax: 9712303330 | | | | |
| Email: sarac@ticeelec.com | | | | |
| | | | | |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

City lic. no.:

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Metro lic. no.:

Residential Service:

Reconnect Only:

All Other Services:

Supervising Electrician's lic. no.: Supervising Electrician's Name:

Number of inspections included in paid services:

4

2

The local building department may determine that an Authorization To Begin Work is null and vold if it does not meet applicable land use laws and local ordinances.



12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222 BeavertonOregon.gov

OFFICE USE ONLY Date Received: Permit No,: Date Issued: 9 -Payment Type: VLS4

| TYPE OF WORK | | | | |
|--|--|--|--|--|
| ☐ New construction | Addition/alteration/replacement Other: | | | |
| | CATEGORY OF CONSTRUCTION | | | |
| 1- and 2-family dwelling Multi-family | ☐ Commercial/Industrial ☐ Accessory building ☐ Other: | | | |
| | JOB SITE INFORMATION AND LOCATION | | | |
| Job no.: | Job address: 13550 Sw 22m4 55 | | | |
| City/State/ZIP: | eavertor, on 97008 | | | |
| Suite/bldg./apt. no.: | Project name: QOSCH | | | |
| Cross street/directions to Job | site: | | | |
| Subdivision: | Lot no.: | | | |
| Tax map/parcel no.: | | | | |
| | description of Work | | | |
| .50 | LAR PULLSTALLATION | | | |
| PROPERTY | OWNER TENANT | | | |
| Name: GSSC | a. Son | | | |
| Address: (35) | 19 GU 22M SC | | | |
| City/State/ZIP: 304 | Jetra DR 97008 | | | |
| Phone: 505-688- | 8065 Fax: | | | |
| E-mail: | | | | |
| Owner installation: This installation this installation: | stallation is being made on property that I own, which is not intended for | | | |
| Owner signature: | Date: | | | |
| | CONTRACTOR | | | |
| Business Name: | DOGAT TIESTRUE | | | |
| Business name: | | | | |
| Address: NE 64 ACC | | | | |
| City/State/ZIP: Von Cs well, W # 47601 Phone: 582-639-7172 Fax: | | | | |
| E-mail: class. Leveyer @ compressio, no.: 88902 | | | | |
| Electrical lic. no.: C C C City or metro lic.: | | | | |
| Supervising electrician signature, required: | | | | |
| Print name: Since Leisa Date: 819(1) | | | | |
| Authorized signature: | Same - | | | |
| Print name: Date: Riverger Date: Date: | | | | |

| FEE SC | HEDULE | | | | |
|---|----------------|-----|-----|--------|--|
| Number of inspections per Item () Renewable energy installation per system total | No. of Rems | Co: | | Total | |
| 5 kva or less (2) | | 81. | 14 | | |
| 5.01 to 15 kva (2) | 1 | 115 | .83 | (15.83 | |
| 15.01 to 25 kva (2) | 1 | 137 | .89 | | |
| 25.01 kva and over (2) | | 229 | .34 | | |
| Miscellaneous fees, hourly rate | | 80. | 00 | | |
| Each additional inspection (1) (OAR 916-309-0070) | | 81. | 14 | | |
| FEE TOTALS RECORDING | | | | | |
| < Check box if plan review is required Subtotal 0.00 | | | | | |
| Plan review required for systems over 25 kva at 25% of Subtotal. No 12% surcharge on plan review fee. (25% of permit fee) | | | | | |
| State surcharge (12% of permit fee) 0.00 | | | | | |
| TOTAL PERMIT FEE \$129.73 | | | | | |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Form 870-1005

REV 10/17



Electrical Permit Application
12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov

| OFFIC | CE USE ONLY |
|-----------------------|------------------------|
| Date Received: 9-3-19 | Permit No.: 72019-3723 |
| Date Issued: 9-3-19 | Ву: 1112 |
| | Payment Type: VISC |

| ☐ New construction | TYPE OF WORK New construction Addition/alteration/replacement | | | | |
|--|--|---------------------------------------|--------------------------------|--|--|
| | Other: | | | | |
| | CATEGORY OF | haraga ayan garar Awadan da | | | |
| □ 1- and 2-family dwelling □ Multi-family | ☐ Commercial/ ☐ Master build | er | ☐ Accessory building ☐ Other: | | |
| | JOB SITE INFORMAT I | | | | |
| Job no.: | Job address: 1560 | 6 SW Wren | Lane | | |
| City/State/ZIP: Beaver | ton, Or. 97007 | I | | | |
| Suite/bldg./apt. no.: | A A A A A A A A A A A A A A A A A A A | Project name: \ | wet bar addition | | |
| Cross street/directions to job | site: SW 155 th. | Terrance & S | Scholls Ferry Rd. | | |
| Subdivision: Westmont | | Lot no.: 7 | | | |
| Tax map/parcel no.: 2018 | 3 007864 | | | | |
| | DESCRIPTIO | N OF WORK | | | |
| 20 Amp line add bre | aker box to fam. | room wet ba | ar location. see wet bar tif | | |
| I PROPERTY | OWNER | | ☐ TENANT | | |
| Name: David Accorne | ero | | | | |
| Address: 15606 SW W | /ren Lane | | | | |
| City/State/ZIP: Beaverto | n, Or. 97007 | | | | |
| Рһоле: (541) 410-749 | 3 | Fax: | | | |
| E-mail: accornerodav | e709@gmail.con | n | | | |
| | _ | on property that I | own, which is not intended for | | |
| sale, lease, rent, or exchang Owner signature: | . | | Date: | | |
| | CANT | | CONTACT PERSON | | |
| Business name: | | | | | |
| Contact name: David A | ccornero | | | | |
| Address: 15606 SW V | Vren Lane | | | | |
| City/State/ZIP: Beaverto | on, Or. 97007 | | | | |
| Phone: (541) 410-7493 Fax: | | | | | |
| E-mail: accornerodave709@gmail.com | | | | | |
| | CONTRA | APRIMERS INCH APRIMERS CONTROL OF THE | | | |
| Business name: HomeOwner | | | | | |
| Address: | | | | | |
| City/State/ZIP: | | | | | |
| Phone: | | Fax; | | | |
| E-mail: | | CCB llc. no.: | | | |
| Electrical lic. no.: City or metro lic.: | | | | | |
| Supervising electrician signature, required: | | | | | |
| Print name: Date: | | | | | |
| | | | | | |
| Authorized signature: | | | | | |

| REVIEV | v i i | | | |
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| | 299.93 | | 2 | |
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| \$100.00 | | | (0.000.003) | |
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| TOTAL | | | 0.00 | |
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| • | | | 0.00 | |
| State surcharge (12% of permit fee) | | | | |
| L PERI | VIT FEE | 491 8 | 7 | |
| | Servi Servi Suilc Suilc Mari Fioa Combuilc Installas Sepa A,"" Reci Reci Reci Reci Reci Reci Reci Reci | □ Building over the Marinas and be Floating building Commercial-us by Marinas and be Floating building Commercial-us by Marinas and be Stotal Arina and be Floating building Units Separately derivers. Separately derivers. In the Marina and be Floating Stotal Arina and Broad Ar | □ Service or feeder over 600 am □ Building over three stories □ Marinas and boatyards □ Floating buildings □ Commercial-use agricultura buildings □ Installation of 150 KVA or large separately derived system □ "A," "E," "I-2," "I-3" occupancy □ Recreational vehicle parks □ Retreational vehicle parks □ Retreational vehicle parks □ STOTAL □ STOT | |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete
* Number of Inspections allowed per permit.
Form B70-1002 REV 10/17



12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222 BeavertonOregon.gov

Date Rece@9/03/2019 Permit No. B2019-3721 Date Issued: 13 2019 CITY OF BEAVERTON BUILDING DIVISION

| TYPE OF WORK | | | | |
|---|--|--|--|--|
| ☐ New construction ☐ Addition/alteration/replacement ☐ Addition/alteration/replacement ☐ Solar PV | | | | |
| CATEGORY OF | CONSTRUCTION | | | |
| ☐ 1- and 2-family dwelling ☐ Commercial ☐ Multi-family ☐ Other: | /industrial | | | |
| JOB SITE INFORMA | TION AND LOCATION | | | |
| Job no.: Job address: | | | | |
| City/State/ZIP: | | | | |
| Suite/bidg./apt. no.: | Project name: | | | |
| Cross street/directions to job site: | | | | |
| Subdivision: | Lot no.: | | | |
| Tax map/parcel no.: | | | | |
| DESCRIPTION | N OF WORK | | | |
| Residential Rooftop Solar PV | ′ 6.51 kW | | | |
| ☐ PROPERTY OWNER | ☐ TENANT | | | |
| Name: | · · · · | | | |
| Address: | | | | |
| City/State/ZIP: | | | | |
| Phone: | Fax: | | | |
| E-mail: | | | | |
| Owner installation: This installation is being made sale, lease, rent, or exchange. Owner signature: | | | | |
| | | | | |
| Business name: Blue Raven Solar, LL | The state of the s | | | |
| Address: 1403 North Research Way | | | | |
| City/State/ZIP: Orem, UT 84097 | | | | |
| Phone: 385-482-0045 Fax: | | | | |
| E-mail: permitting.department@blueravensolar.com | CCB lic. no.: 210112 | | | |
| Electrical lic. no.: c1214 | Electrical lic. no.: c1214 City or metro lic.: 5869S | | | |
| Supervising electrician signature, required: Samuel Collier | | | | |
| Print name: Samuel Collier Date: 08/20/2019 | | | | |
| Authorized signature: Jeff Lec | | | | |
| Print name: Jeff Lee Date: 08/20/2019 | | | | |

| HEDULE | | | | | | |
|---|---|--|--|--|--|--|
| No. of Items | Cost Each | Total | | | | |
| | 81.14 | | | | | |
| 1 | 115.83 | | | | | |
| | 137.89 | | | | | |
| | 229.34 | | | | | |
| | 80.00 | | | | | |
| | 81.14 | | | | | |
| OTALS | R | ecalculate | | | | |
| | iotal | 0.00 | | | | |
| Plan review required for systems over 25 kva at 25% of Subtotal. No 12% surcharge on plan review fee. (25% of permit fee) | | | | | | |
| State surcharge (12% of permit fee) | | | | | | |
| TOTAL PERMIT FEE | | | | | | |
| | DTALS Subtiness over 25 ircharge on % of permit | No. of Rems Reach Reac | | | | |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Form B70-1005

REV 10/17

\$129.73

12725 SW Milikan Way Beaverton, OR 97076

Address: 17201 NE SACRAMENTO ST City/State/ZIP: PORTLAND, OR 97230

Email: marijo.beckman@christenson.com

Number of inspections included in paid services:

1

Supervising Electrician's lic. no.: Supervising Electrician's Name:

Phone: 5034193300

Residential Service: Reconnect Only:

All Other Services:

Metro lic. no.:

Beaverton Phone: 503-526-2542

R Email: cunderwood@beavertonoregon.gov

Commercial Electrical Authorization To Begin Work 05350-BEL-19-00773

75209-37-67-181 9/4/2019 3:27 pm

E-mailed To: suzi.flowers@christenson.com

| TYPE | OF WORK | | PLAN REVIEW | | | |
|--|--|------------------------|---|-----------------|--|--|
| New Construction | X Addition/alteration/rep | placement | Please check all that apply: | Hazar | dous location | ıs |
| CATEGORY OF CONSTRUCTION | | | A service or feeder beginning at 400 Amps where the | A servi | rated at | |
| 1 or 2 family dwelling Multi-family Commercial Accessory | | | available fault current exceeds 10,000 Amps at 150 Volts or | ☐ Buildir | ngs more tha | n three stor |
| JOB SITE INFORM | Park Control of Contro | less to ground exceeds | Marin: | as and boat y | ards/ | |
| Job Address: 8770 SW NIMBUS AVE | | | 14,000 Amps for all other | ☐ Floatii | ng buildings | |
| City/State/ZIP: BEAVERTON, OR 97008 | | | Fire pumps | Comn buildir | nercial-use ag igs | gricultural |
| Suite/bldg./apt.no.: 8 | | | Emergency systems Addition of a new motor load | | ation of a 150 seperately de | |
| Project Name: JOB 24279 IXIA KEYSIGHT I | DUAL BOLLARD | | of 100 HP or more | | seperately to E", or "I-2" or | • |
| Cross Street/directions to job site: | | | Six or more residential units in one structure | - | ational Vehic | |
| Tax map/parcel no.: 1S127AD00500 | | | Health care facilities Supply voltage for more than 600 supply volts nominal | | | |
| | ON OF WORK | | FEE SCHEDULE | | | |
| 3 CKTS FOR NEW TRANSFORMER | | | Description | Qty. | Ea. | Total |
| 3 ONTO FOR NEW TRANSFORMER | | | Services or feeders | | | |
| | | | Services 200 amps or less | 1 | \$115.83 | \$115.8 |
| 3.00 | LOANE | | Branch circuits | | A Part of the Control | The second secon |
| Name: SUZI FLOWERS | LICANT | | Branch circuits with service or feeder each circuit | 3 | \$4.26 | \$12.7 |
| TI - F00.140.00.14 | | | Electrical Permit Fees | | | |
| Phone: 5034193344 | Fax: | | Subtotal | | | \$128.6 |
| Email: | | | State surcharge (12% of permit total) | | | \$15.4 |
| CONT | RACTOR | | TOTAL PERMIT FEE | | \$144.0 | |
| Elec lic. no.: 26-34C | CCB lic. no.: 458 | | | ! | <u> </u> | |
| Business Name: CHRISTENSON ELECTRIC | INC | | | | | |
| Contact: | | | | | | |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

Fax: 5034193333

City lic. no.:

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.



Electrical Permit Application
12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov

| (| FFICE USE ONLY |
|----------------------|-----------------------|
| Date Received: | Permit plot/2019-3923 |
| Date Issued: 0 10 80 | 9 10/1 |
| · | Payment Type: |

| | peavertonoregonigov [| | | | | | |
|--|---|----------|---|--|--------------------------------|---------------------------------------|----------|
| TYPE O | F WORK | | | REVIEV | | | |
| ☐ New construction | ration/replacement | | | | | er over 600 am hree stories | ps . |
| ☐ Other: | | | or more | ☐ Mari | inas and b | oatyards | |
| CATEGORY OF | CONSTRUCTION | | | | ating buildir omorcialus | ngs se agricultura | ı |
| ☐ 1- and 2-family dwelling ☐ Commercial. | findustrial | | Addition of new motor | | dings | ic agriotitatio | ' |
| ☐ Multi-family ☐ Master build | er 🔲 Other: | | I | | allation of 15 arately denv | 0 KVA or large | ar. |
| JOB SITE INFORMA | TION AND LOCATION | | Six or more residential units Health-care facilities | | | 3" occupancy | |
| Job no.: 1905590 Job address: | | | ☐ Hazardous tocations | | | ehicle parks | |
| | : | | FEE SO | 7 | Fee | Total | |
| City/State/ZIP: Beaverton, OR 97006 | <u></u> | | Description Residential single- or multi-fam | Qty. | 1 | (Otal | |
| Suite/bldg./apt. no.; | Project name: | | Includes attached garage | | ····· | | r |
| Cross street/directions to job site: SW Jenkins | Rd & SW Jay St | | 1,000 sq. ft. or less | | 194.64 34.77 | | 4 |
| Subdivision: | Lot no.: | | Ea. add'i 500 sq. ft. or portion Limited energy, residential | | 46.42 | · · · · · · · · · · · · · · · · · · · | 2 |
| Tax map/parcel no.: | | - | (with above sq. ft.) Limited energy, multi-family | | 91.72 | | 2 |
| DESCRIPTIO | N OF WORK | | residential (with above sq. ft.) | <u></u> | | | |
| | | | Services or feeders installation, | alterati | | | |
| Traffic Signal and Street light Work C | n SE Side Of Sw Jenkins & SV | | 200 amps or less | <u> </u> | 115.83 | 110.03 | 2 |
| St | | <u> </u> | 201 amps to 400 amps | | 137.89 229.34 | | 2 |
| ☐ PROPERTY OWNER | ☐ TENANT | | 401 amps to 600 amps 601 amps to 1,000 amps | 1 | 299.93 | | 2 |
| Name: | | | Over 1,000 amps or volts | - | 690.22 | | 2 |
| Address: | | | Utility reconnect | ļ | 91.72 | | 1 |
| | | | Temporary services or feeders | nstallat | ion, altera | tion, and/or | |
| City/State/ZIP: | | | relocation 200 amps or less | T | 91.72 | | 2 |
| Phone; | Fax: | | 201 amps to 400 amps | | 127.41 | | 2 |
| E-mail: | | | 401 amps to 600 amps | | 184.11 | | 2 |
| | | | 601 amps to 1,000 amps | | 225.29 | | 2 |
| Owner installation: This installation is being made sale, lease, rent, or exchange | on properly that I own, which is not intended | 1 tot | Branch circuits – new, alteration | ı, or exi | tension, po | er panel | |
| Owner signature: | Date: | | A. Fee for branch circuits with above service or feeder fee, | 6 | 4.26 | 25.56 | 2 |
| | | | each branch circuit | <u> </u> | 7.20 | | <u> </u> |
| ☐ APPLICANT | ☐ CONTACT PERSON | | B. Fee for branch circuits without service or feeder fee, | | 81.14 | | 2 |
| Business name: Global Electric, Inc. | | | first branch circuit | | | | |
| Contact name: Dustin O'Rear | | | Each add'l branch circuit Miscellaneous (service or feede | r not in | 4.26 | | L |
| Address: PO Box 162 | | | Fach manufactured or modular | 1 | 1 | . 1 | "^ |
| | | | dwelling, service, and/or feeder | <u> </u> | 91,72 | | "2 |
| City/State/ZIP. North Plains OR 97133 | | | Pump or irrigation circle | | 91,72 | | 2 |
| Phone: (503) 647-5650 | Fax: (503) 647-5649 | | Sign or outline lighting. Signal circuit(s) or limited-energy | | 91.72 | | 2 |
| E-mail: dispatch@globalelectricusa.co | m / / | | panel, atteration, or extension, Describe: | | 91.72 | · | 2 |
| CONTRA | OTOR | | extension, pesonic. | | | | <u> </u> |
| Business name: Global Electric, Inc. | | | Each additional inspection over allowable in any of the | | | | l |
| Address. PO Box 162 | | | above | | | | |
| City/State/ZIP: North Plains OR 97133 | 1300 2000 | | Per inspection | | 81.14 | | |
| Phone: (503) 647-5650 | Fax: (503) 647-5649 | | Investigation fee Other: | | - ; | | |
| E-mail: dispatch@globalelectricusa | | | Electrical permit fees | <u> </u> | - | | |
| Electrical lic. no.: 34-655C | City or metro lic.: 7747 | | | OTAL | | 141 | 1.39 |
| Suponiising electrician | 11.11 | | Plan review (25% | | | | |
| signature, required: | | | State surcharge (12% | of per | mit fee) | | 3.97 |
| Print name: Justin Spiering | Date: 9/17/19 | | <u></u> | | IIT FEE | \$158 | |
| Authorized signature | | 1 | This permit application expires | if a peri | mit is not o | btained with | ain |

180 days after it has been at Number of inspections allowed per permit.



Electrical Permit Application
12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov

| OFFIC | E USE ONLY |
|--------------------------|---------------------|
| Date Received: | Permit No 3019-3922 |
| Date Issued: VIII 6/30/4 | ₩/U |
| | Payment Type: |

| | Beaverronoregonigov | | | | | | | |
|---|--|------|----------|--|--|--|-------------------------------|--------------|
| TYPE O | F WORK | | | PLAN | | | | |
| | ration/replacement | | | | | | rover 600 am; iree stories | ps. |
| ☐ Other: | | | | or more | ☐ Mari | nas and bo | atyards | |
| CATEGORY OF | CONSTRUCTION | | | | | ting buildin | gs e agricultural | ŧ |
| ☐ 1- and 2-family dwelling Commercials | findustrial | | | Addition of new motor | | lings | e agricanora | |
| ☐ Multi-family ☐ Master build | er | | 1, | E | | |) KVA or large | r |
| JOB SITE INFORMA | TION AND LOCATION | | | | | rately derive E," "I-2," "I-3 | a occupancy | |
| Job no.: 1905590 Job address: | | | | Hazardous locations | ☐ Rec | reational ve | ehicle parks | ٠, . |
| 1300000 | | | | FEE SC | T | ······································ | | |
| City/State/ZIP: Beaverton, OR 97006 | | | - | Description esidential single- or multi-fami | Qty. | Fee | Total | |
| Suite/bldg./apt. no | . Project name: | | | sidential single- or multi-tami cludes attached garage | iy awei | ing unit | | |
| Cross street/directions to job site: SW Jenkins | Rd & Nike World Campus | | | 000 sq. ft. or less | | 194.64 34.77 | | 4 |
| Subdivision: | Let no.: | | Ea | Limited energy, residential | | 46.42 | · | 2 |
| Tax map/parcel no.: | | | | (with above sq. ft.) Limited energy, multi-family | | 91,72 | | 2 |
| DESCRIPTIO | N OF WORK | ,,,, | - | residential (with above sq. ft.) rvices or feeders installation, | alterati | | reincation | |
| | | | \vdash | O amps or less | 1 | 115.83 | 115.83 | 2 |
| Traffic Signal and Street light Work C | in SE Side Of SW Jenkins & Nike | - | | 1 amps to 400 amps | | 137.89 | 110.00 | 2 |
| World Campus | The second secon | | - | 1 amps to 600 amps | | 229.34 | | 2 |
| ☐ PROPERTY OWNER | ☐ TENANT | | \vdash | 1 amps to 1,000 amps | - | 299.93 | | 2 |
| Name: | | | \vdash | ver 1,000 amps or volts | | 690,22 | | 2 |
| Address: | | | | lity reconnect | | 91.72 | | 1 |
| City/State/ZIP | | | | mporary services or feeders i | nstallat | ion, altera | tion, and/or | |
| | ٠ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ | | | 0 amps or less | T | 91.72 | | 2 |
| Phone: | Fax: | | 20 | 1 amps to 400 amps | | 127.41 | | 2 |
| E-mail: | • | | 40 | 1 amps to 600 amps | <u> </u> | 184.11 | | 2 |
| Owner installation: This installation is being made | on property that I own which is not intended for | | L | 1 amps to 1,000 amps | <u> </u> | 225,29 | | 2 |
| sale, lease, rent, or exchange. | bis property that i own, which is not into too | | | anch circuits – new, alteration | , or ext | tension, pe | r panel | , |
| Owner signature; | Date | | Α. | Fee for branch circuits with above service or feeder fee, | 6 | 4.26 | 25.56 | 2 |
| ☐ APPLICANT | ☐ CONTACT PERSON | | B | each branch circuit Fee for branch circuits | | | | _ |
| Business name: Global Electric, Inc. | | | | without service or feeder fee, | | 81.14 | | 2 |
| | | | Fa | first branch circuit ch add'l branch circuit | ╁ | 4.26 | | |
| Contact name: Dustin O'Rear | | | | scellaneous (service or feede | r not in | | لىسىنى <u></u> | |
| Address: PO Box 162 | | | Ea | ich manufactured or modular | Γ | 91.72 | | 2 |
| City/State/ZIP: North Plains OR 97133 | | | _ | relling, service, and/or feeder imp or irrigation circle | | 91.72 | | 2 |
| | - (500) C47 5040 | | 1 | gn or outline lighting | | 91.72 | | 2 |
| Phone: (503) 647-5650 | Fax: (503) 647-5649 | | _ | nal circuit(s) or limited-energy | | V= | | <u> </u> |
| E-mail: dispatch@globalelectricusa.co | m | | | panel, alteration, or extension, Describe. | | 91.72 | | 2 |
| CONTRA | CTOR | | | extension, Describe. | ļ | | | <u> </u> |
| Business name: Global Electric, Inc. | | | | ch additional inspection er allowable in any of the | | | | |
| Address: PO Box 162 | | | | ove | | | | <u> </u> |
| City/State/ZIP: North Plains OR 97133 | | | \vdash | r inspection restigation fee | <u> </u> | 81.14 | | |
| Phone: (503) 647-5650 | Fax. (503) 647-5649 | | - | her. | | | | . |
| E-mail: dispatch@globalelectricusa | CCB lic. no.: 156838 | | Ek | ectrical permit fees | | | | 4.00 |
| Electrical lic. no.: 34-655C | City or metro lic.: 7747 | | _ | | OTAL | mit for | 14 | 1,39 |
| Supervising electrician 0+ | <u> </u> | | - | Plan review (25% | | | ``. | לח ב |
| | 1/17/14 | | - | State surcharge (12% | | | | 6,97 |
| Print name: Justin Spiering | Date: 4/17/19 | | Ļ | TOTAL is permit application expires | | IIT FEE | \$158 htsined with | |
| Authorized signature | | | 11 | is permit application expires 180 days after it has be | n a per en acce | nicis nucc oted as co | molete | 4111 |

* Number of inspections allowed per permit Form 870-1002



Electrical Permit Application 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

| | | (| DEFIC | E USE ONLY |
|----------------|--|----|-------|------------------------|
| Date Received: | 19) | 20 | G | Permit No. 3019 - 3921 |
| | | | | Payment Type: |

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141.39

16.97

\$158.36

| | BeavertonOregon.gov | | | | | | |
|--|-------------------------------------|--------------|---|--------------------------------|-------------------------------|---------------------|--|
| TYPE OF | WORK | | | PLAN REVIE | | 600 | |
| | alion/replacement | Amaria | Please check all that apply Service or feeder 400a or more | mps ☐ Buil ☐ Mai | lding over th rinas and bo | atyards | ipe |
| CATEGORY OF | CONSTRUCTION | | Fire pump Emergency system | | ating buildin mmercial-us | gs e agricultura | ąį |
| ☐ 1- and 2-family dwelling ☐ Commercial/ ☐ Multi-family ☐ Master builds | | ding | Addition of new motor load of 100HP or more | buil | dings | C KVA or larg | |
| JOB SITE INFORMAT | ION AND LOCATION | | Health-care facilities | | | occupancy | |
| Job no.: 1905590Job address. | | | ☐ Hazardous locations | | | ehicle parks | <u>. </u> |
| 1303000 | | | Description | EE SCHEDU | Lt: Fee | Total | Т |
| City/State/ZIP Beaverton, OR 97006 | | | Residential single- or mu | | L | | |
| Suite/btdg./apt. no.: | Project name: | | Includes attached garage | | 194,64 | | Т |
| Cross street/directions to job site: SW Jenkins | Rd & Sw Murray Blvd | | 1,000 sq. ft. or less Ea add'(500 sq. ft. or porti | on | 34,77 | | t |
| Subdivision: | Lot no.: | | Limited energy, resident | | 46.42 | | Ī |
| Tax map/parcel no.: | | | (with above sq. ft.) Limited energy, multi-fam | | 91.72 | | T |
| DESCRIPTION | N OF WORK | | residential (with above so Services or feeders insta | llation, altera | tion, and/or | relocation | _ |
| Traffic Signal and Street light Work O | n SM Corner Of Sw Jen | kins & Sw | 200 amps or less | 1 | 115.83 | 115.83 | |
| Murray Blvd | TOW Collies of our con- | 4 | 201 amps to 400 amps | | 137.89 | | Ţ. |
| PROPERTY OWNER | ☐ TENANT | | 401 amps to 600 amps | | 229.34 | | <u></u> |
| | | | 601 amps to 1,000 amps | | 299,93 | · · | ╀ |
| Name: | | | Over 1,000 amps or volts | | 690.22 91.72 | | + |
| Address: | | | Utility reconnect Temporary services or fe | eders install: | | tion, and/or | r |
| City/State/ZIP: | | | relocation 200 amps or less | | 91.72 | | Т |
| Phone: | Fax: | | 201 amps to 400 amps | | 127.41 | | t |
| E-mail; | | | 401 amps to 600 amps | | 184.11 | | Ι |
| Owner installation: This installation is being made | on property that Lown, which is not | intended for | 601 amps to 1,000 amps | | 225.29 | | |
| sale, lease, rent, or exchange. | | 1 | Branch circuits – new, al | | xtension, p | er panei | Т |
| Owner signature: | Date: | | above service or feeder | | 4.26 | 25.56 | |
| ☐ APPLICANT | ☐ CONTACT PER | SON | each branch circuit B. Fee for branch circuits | | 81.14 | | T |
| Business name Global Electric, Inc. | | | without service or feed first branch circuit | ariee, | | | 1 |
| Contact name: Dustin O'Rear | | | Each add't branch circuit Miscellaneous (service o | r fooder not i | 4.26 | | L |
| Address: PO Box 162 | | | Each manufactured or mod | | 91.72 | | 1 |
| | | | dwelling, service, and/or fe | eder | 91.72 | · | ╀ |
| City/State/ZIP North Plains OR 97133 | | | Pump or irrigation circle Sign or outline lighting | | 91.72 | | 十 |
| Phone: (503) 647-5650 | Fax: (503) 647-5649 | | Signal circuit(s) or limited-e | energy | | | † |
| E-mail: dispatch@globalelectricusa.co | <u>m</u> | | panel, alteration, or extension. Describe: | | 91.72 | | |
| CONTRA | CTOR | | Each additional inspection | | | | + |
| Business name: Global Electric, Inc. | | | over allowable in any of | | | | |
| Address: PO Box 162 | | | Per inspection | | 81.14 | | + |
| City/State/ZIP North Plains OR 97133 | | | Investigation fee | | | | 1 |
| Phone: (503) 647-5650 | Fax: (503) 647-5649 | | Other: | | | | ╀ |
| E-mail dispatch@globalelectricusa | CCB lic. no.: 156838 | | Electrical permit fees | SUBTOTAL | | . 14 | <u>1</u> 41. |
| Electrical lic. no. 34-655C | City or metro lic. 7747 | | Plan review | w (25% of pe | | | |
| Supervising electrician 0 4- | | | State surcharg | | | 1 | 16 |
| signature, required: | | | | TOTAL PER | | \$15 | |
| Print name: Justin Spiering | Date: | | This permit application e | | | L | - |
| Authorized signature: | Date: | | 180 days after it Number of inspections allower Form 870-1002 | has been acc ed per pennit. | epted as co | omplete | |
| Drint name: | Late. | | 1 0101 01011002 | **** | | | |

REV 10/17



Electrical Permit Application 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov

| | | OFFICE | USE ONLY |
|----------------|-----|--------|------------------------|
| Date Received: | | ١ | Permit No. 152019-3917 |
| Date Issued: | a | 2019 | N/C |
| | , [| | Payment Type: |

| | | 1. 1. 1. 1. 1. 1. 20 TALL THE TALL TO BE A SECURE OF THE SECURITY OF THE SECUR | 전 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
|---|--|--|--|
| | TYPE OF WORK | | Please check all that apply: |
| ☐ New construction | ☐ Addition/alteration/replace | ment | Service or feeder 400amp |
| | ☐ Other: CATEGORY OF CONSTRUC | TION | or more |
| | 1 | ☐ Accessory building | Emergency system |
| 1- and 2-family dwelling | ☐ Commercial/industrial ☐ Master builder | Other: | Addition of new motor load of 100HP or more |
| | JOB SITE INFORMATION AND L | OCATION | Six or more residential units |
| | | | ☐ Health-care facilities ☐ Hazardous locations |
| Job no.: | Job address: 208, SW | 103 1000 | - The state of the |
| City/State/ZIP: PORT | LAND, OR, 97225 | | Description |
| Suite/bldg./apt, no.: | Project nam | ne; | Residential single- or multi-f Includes attached garage |
| Cross street/directions to job | o site: | | 1,000 sq. ft. or less |
| - | Lot no.; | | Ea. add'l 500 sq. ft. or portion |
| Subdivision: | LOT 110., | | Limited energy, residential (with above sq. ft.) |
| Tax map/parcel no.: | | | Limited energy, multi-family residential (with above sq. ft |
| | DESCRIPTION OF WORK | | Services or feeders installat |
| ye ye h | | | 200 amps or less |
| | | | 201 amps to 400 amps |
| | OWNER | ☐ TENANT | 401 amps to 600 amps 601 amps to 1,000 amps |
| Name: SATISH | SURAPANENI | | Over 1,000 amps or volts |
| Address: | | | Utility reconnect |
| City/State/ZIP: | | | Temporary services or feed relocation |
| Phone: 774-275 | -0919 Fax: | to the second | 200 amps or less |
| | | | 201 amps to 400 amps |
| E-mail: | 1 | | 401 amps to 600 amps 601 amps to 1,000 amps |
| Owner Installation: This in: | stallation is being made on property th | nat I own, which is not intended for | Branch circuits – new, altera |
| sale, lease, rent, or exchange | 1e. 1. / | Date: 09/18/2019 | A. Fee for branch circuits with |
| Owner signature: | HOVY Y | | above service or feeder fee each branch circuit |
| ☐ APPLIC | CANT | ☐ CONTACT PERSON | B. Fee for branch circuits without service or feeder for |
| Business name: | | . * | first branch circuit |
| Contact name: | | * | Each add'i branch circuit |
| | | | Miscellaneous (service or fe Each manufactured or module |
| Address: | | | dwelling, service, and/or feeds |
| City/State/ZIP: | | | Pump or irrigation circle |
| Phone: | Fax: | | Sign or outline lighting Signal circuit(s) or limited-ene |
| E-mall: | | | panel, alteration, or |
| | CONTRACTOR | | extension. Describe: |
| Business name: | u as rune | 2 | Each additional inspection over allowable in any of the |
| Address: | | | above |
| City/State/ZIP: | | | Per inspection Investigation fee |
| Phone: | Fax: | | Other: |
| | | | Electrical permit fees |
| E-mail: | CCB lic. no | vi i | s |
| Electrical lic. no.: | City or met | ro lic.; | Plan review (|
| Supervising electrician signature, required: | | | State surcharge (|
| Print name: | • | Date: | TO |
| | | | This permit application exp |
| Authorized signature: | , | | 180 days after it has Number of Inspections allowed p |
| Print name: | | Date: | Form 870-1002 |

| PLAN | REVIEW | 1 | | | |
|--|-------------------------|----------------------|---------------------------|-----------------------|--|
| Please check all that apply: | ☐ Serv | ice or feede | r over 600 am | ps | |
| ☐ Service or feeder 400amps | | | ree stories | | |
| or more | Marinas and boatyards | | | | |
| Fire pump | Floating buildings | | | | |
| Emergency system | | imercial-us lings | e agricultura | l | |
| Addition of new motor | 1 | _ | 0 KVA or large | r | |
| Six or more residential units | | rately deriv | | • | |
| ☐ Health-care facilities | | | 3" occupancy | | |
| ☐ Hazardous locations | | | ehicle parks | | |
| FEE S | CHEDUL | E | | | |
| Description | Qty. | Fee | Total | . * | |
| Residential single- or multi-fam | ily dwel | ling unit | | | |
| Includes attached garage | | 40404 | 4 594 ESCENE + 1755 | | |
| 1,000 sq. ft. or less | | 194.64 | | 4 | |
| Ea. add'l 500 sq. ft. or portion | | 34.77 | | | |
| Limited energy, residential (with above sq. ft.) | | 46.42 | | .2 | |
| Limited energy, multi-family | | 91.72 | | 2 | |
| residential (with above sq. ft.) | reservation for a final | | agenda yang diga dida kan | 10.50 | |
| Services or feeders installation | , alterati | | r relocation | (1,70) | |
| 200 amps or less | | 115.83 | | 2 | |
| 201 amps to 400 amps | | 137.89 | | 2 | |
| 401 amps to 600 amps | | 229.34 | | 2 | |
| 601 amps to 1,000 amps | | 299.93 | | 2 | |
| Over 1,000 amps or volts | • | 690.22 | | 2 | |
| Utility reconnect | | 91.72 | | 1 | |
| Temporary services or feeders | Installat | | tion, and/or | 100 | |
| relocation | | | | | |
| 200 amps or less | | 91.72 | | 2 | |
| 201 amps to 400 amps | | 127.41 | | 2 | |
| 401 amps to 600 amps | | 184.11 | | 2 | |
| 601 amps to 1,000 amps | | 225.29 | | 2 | |
| Branch circuits – new, alteration | n, or ex | tension, p | er panel | delining Political | |
| A. Fee for branch circuits with | | T | | _ | |
| above service or feeder fee, | | 4.26 | | 2 | |
| each branch circuit B. Fee for branch circuits | | | | | |
| without service or feeder fee, | 11 | 81.14 | | 2 | |
| first branch circuit | 11, | | | | |
| Each add'i branch circuit | 14 | 4.26 | | ļ <u> </u> | |
| Miscellaneous (service or feed | er not ln | cluded) | | | |
| Each manufactured or modular | | 91.72 | | 2 | |
| dwelling, service, and/or feeder | | | | | |
| Pump or irrigation circle | | 91.72 | | 2 | |
| Sign or autline lighting | | 91.72 | | 2 | |
| Signal circuit(s) or limited-energy | ' | | | | |
| panel, alteration, or extension. Describe: | | 91.72 | | 2 | |
| extension. Describe. | | | | | |
| Each additional inspection | 4. | | | | |
| over allowable in any of the | <i></i> | | | | |
| above | | Ì | | | |
| Per inspection . | | 81.14 | | | |
| Investigation fee | - | | <u> </u> | | |
| Other: | | | | | |
| Electrical permit fees | : | - | 1 | | |
| | 7071 | <u> </u> | | 0.00 | |
| • | STOTAL | | | 0.00 | |
| Plan review (25 | % of pe | rmit fee) | | | |
| State surcharge (12 | % of pe | mit fee) | | 0.00 | |
| TOTA | | 0.00 | | | |

pires if a permit is not obtained within as been accepted as complete per permit.

REV 10/17

REV 10/17

REV 10/17

32019-3911

City Of Beaverton

12725 SW Milikan Way
Beaverton, OR 97076

Reaverton Phone: 503-526-2542

Remail: cunderwood@beavertonoregon.gov

Residential Electrical Authorization To Begin Work 05350-BEL-19-00810

PLAN REVIEW

Please check all that apply:

Approval Code: 190662 9/17/2019 3:06 pm

Hazardous locations

E-mailed To: ADMIN@LANGSTONELECTRIC.COM

| TYPE OF WORK |
|---|
| New Construction X Addition/alteration/replacement |
| CATEGORY OF CONSTRUCTION |
| X 1 or 2 family dwelling Multi-family Commercial Accessory |
| JOB SITE INFORMATION AND LOCATION |
| Job Address: 6017 SW HEIGHTS LN |
| City/State/ZIP: BEAVERTON, OR 97007 |
| Suite/bldg./apt.no.: |
| Project Name: |
| Cross Street/directions to job site: |
| Tax map/parcel no.: 1S117CD16000 |
| DESCRIPTION OF WORK |
| ADDING NEW CIRCUITS |
| |
| APPLICANT |
| Name: Paul Langston |
| Phone: 9712945403 Fax: |
| Email: |
| CONTRACTOR |
| Elec lic. no.: C1381 CCB lic. no.: 221266 |
| Business Name: LANGSTON ELECTRIC LLC |
| Contact: |
| Address: PO BOX 2363 |
| City/State/ZIP: BEAVERTON, OR 97075 |
| Phone: 9712945403 Fax: |
| Email: ADMIN@LANGSTONELECTRIC.COM |
| Metro lic. no.: City lic. no.: |
| Supervising Electrician's lic. no.: |
| Supervising Electrician's Name: |
| Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 All Other Services: 2 |

| • | All Other Services: | 2 | |
|---|---------------------|---|--|
| | | | r local jurisdiction, your permit will be e-mailed or faxed as on how to schedule your inspection. |

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

| A service or feeder beginning at 400 Amps where the | - | | or feede s or more | er rated at | |
|--|--|-----------------|-----------------------|------------------------|--|
| available fault current exceeds 10,000 Amps at 150 Volts or | Buildings more than three stor | | | | |
| less to ground exceeds | □ Ма | rinas a | and boat | yards | |
| 14,000 Amps for all other | ☐ Flo | ating l | ouildings | | |
| Fire pumps | _ | mmero Idings | cial-use a | agricultural | |
| Emergency systems | Ins | tallatio | n of a 1 | 50 KVA or | |
| Addition of a new motor load of 100 HP or more | | • | • | derived sys r "I-3" | |
| Six or more residential units in one structure | "A", "E", or "I-2" or "I-3" Recreational Vehicle Parks Supply voltage for more than 600 supply volts nominal | | | | |
| Health care facilities | | | | | |
| FEE SC | HEDUL | E | | | |
| Description | Qty | <u>/- </u> | Ea. | Total | |
| Branch circuits | | | | | |
| Branch circuits without service or feeder | 1 | ; | \$81.14 | \$81.14 | |
| Branch circuits each additional circuit without service | 3 | | \$4,26 | \$12.78 | |
| Electrical Permit Fees | | | | | |
| | | | | \$93.92 | |
| Subtotal | | | | \$11.27 | |
| Subtotal State surcharge (12% of permit total) | | | | ψ11.21 | |

B2019-390°

City Of Beaverton

12725 SW Milikan Way
Beaverton, OR 97076

Beaverton
Phone: 503-526-2542
Email: cunderwood@beavertonoregon.gov

Residential Electrical Authorization To Begin Work 05350-BEL-19-00809

Approval Code: 013589 9/17/2019 12:06 pm

PLAN REVIEW

E-mailed To: donwilsue4@aol.com

| and the same of the same of T | YPE OF WORK |
|---|--|
| New Construction | Addition/alteration/replacement |
| CATEGO | RY OF CONSTRUCTION |
| 1 or 2 family dwelling 🔲 Mu | ulti-family Commercial Accessory |
| JOB SITE INF | ORMATION AND LOCATION |
| Job Address: 12140 SW WALDEN L | N |
| City/State/ZIP: BEAVERTON, OR 97 | 008 |
| Sulte/bldg./apt.no.: | |
| Project Name: Redwood Creek Apt | |
| Cross Street/directions to job site: B | ld #6 |
| Tax map/parcel no.: 1S12700002 | 208 |
| DESC | CRIPTION OF WORK |
| New circuits for washer, dryer and mid T-stats and heaters | cro. All new devices and LED lighting. New |
| | APPLICANT |
| Name: Chris Riehle | |
| Phone: 5037991639 | Fax: |
| Emall: | |
| ere er er er er er er er er er er er er | CONTRACTOR |
| Elec lic. no.: C427 | CCB lic. no.: 95163 |
| Business Name: QUALITY PLUS FR. | AMING & ELECTRICAL INC |
| Contact: | |
| Address: 16037 SW BOWMAN LN | |
| City/State/ZIP: SHERWOOD, OR 97 | 140 |
| Phone: 5037991639 | Fax: |
| Email: donwilsue4@aol.com | |
| Metro lic. no.: | City IIc. no.: |
| Supervising Electrician's lic. no.: | |
| Supervising Electrician's Name: | |
| | |

| Please check all that apply: | | Hazard | ous location | ns |
|--|------|-------------------|---------------------------------|---------------|
| A service or feeder beginning at 400 Amps where the | | | ce or feede ps or more | |
| available fault current exceeds 10,000 Amps at 150 Volts or | | Building | gs more tha | in three stor |
| less to ground exceeds | | Marina | s and boat | yards |
| 14,000 Amps for all other | | Floating | g buildings | |
| Fire pumps | | Commo building | ercial-use a gs | gricultural |
| Emergency systems | | | tion of a 15 | |
| Addition of a new motor load of 100 HP or more | П | • | seperately on ", or "I-2" or | - |
| Six or more residential units in one structure | | Recrea | itional Vehi | cle Parks |
| Health care facilities | | | voltage for pply volts n | |
| FEE SO | CHED | ULE | | |
| Description | | Qty. | Ea. | Total |
| Branch circuits | | | | |
| Branch circuits without service or feeder | | 1 | \$81.14 | \$81.14 |
| Branch circuits each additional circuit without service | | 167 | \$4.26 | \$711.42 |
| Miscellaneous | | | | |
| Signal circult(s) or limited-energy panel, alteration, or extension | | 2 | \$91.72 | \$183.44 |
| Electrical Permit Fees | | | i e | |
| Subtotal | | | | \$976.00 |
| I | | | | |
| State surcharge (12% of permit total) | | | | \$117.12 |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Number of inspections included in paid services:

4

2

Residential Service:

Reconnect Only:

All Other Services:

The local building department may determine that an Authorization To Begin Work is null and vold if it does not meet applicable land use laws and local ordinances.

BQ019 - 3908
Residential Electrical Authorization To Begin Work
05350-BEL-19-00808

12725 SW Milikan Way
Beaverton, OR 97076

Reaverton Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

Approval Code: 015970 9/17/2019 12:02 pm

E-mailed To: donwilsue4@aol.com

| TYPE OF WORK | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|
| New Construction X Addition/alteration/replacement | | | | | | | | | | |
| CATEGORY OF CONSTRUCTION | | | | | | | | | | |
| 1 or 2 family dwelling Multi-family Commercial Accessory | | | | | | | | | | |
| JOB SITE INFORMATION AND LOCATION | | | | | | | | | | |
| Job Address: 12173 SW STEAMBOAT DR | | | | | | | | | | |
| City/State/ZIP: BEAVERTON, OR 97008 | | | | | | | | | | |
| Suite/bldg./apt.no.: | | | | | | | | | | |
| Project Name: Redwood creek apt | | | | | | | | | | |
| Cross Street/directions to job site: Bid #9 | | | | | | | | | | |
| Tax map/parcel no.: 1\$1270000208 | | | | | | | | | | |
| DESCRIPTION OF WORK | | | | | | | | | | |
| New circuits for washer, dryer, and micro All new devices New LED lighting all new T-stats and heaters | | | | | | | | | | |
| APPLICANT | | | | | | | | | | |
| Name: Chris Riehle | | | | | | | | | | |
| Phone: 5034770704 Fax: | | | | | | | | | | |
| Email: | | | | | | | | | | |
| CONTRACTOR | | | | | | | | | | |
| Elec lic. no.: C427 CCB lic. no.: 95163 | | | | | | | | | | |
| Business Name: QUALITY PLUS FRAMING & ELECTRICAL INC | | | | | | | | | | |
| Contact: | | | | | | | | | | |
| Address: 16037 SW BOWMAN LN | | | | | | | | | | |
| City/State/ZIP: SHERWOOD, OR 97140 | | | | | | | | | | |
| Phone: 5037991639 Fax: | | | | | | | | | | |
| Email: donwilsue4@aol.com | | | | | | | | | | |
| Metro lic. no.: City lic. no.: | | | | | | | | | | |
| Supervising Electrician's lic. no.: | | | | | | | | | | |
| Supervising Electrician's Name: | | | | | | | | | | |
| Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 All Other Services: 2 | | | | | | | | | | |

| PLAN | RE' | /IEW | | |
|---|------------|-------------------|-----------------------------|--------------|
| Please check all that apply: | | Hazard | lous locatio | าธ |
| A service or feeder beginning at 400 Amps where the | | _ | ce or feede nps or more | rated at |
| available fault current exceeds 10,000 Amps at 150 Volts or | | Buildin | gs more tha | n three stor |
| less to ground exceeds | |] Marina | s and boat | yards |
| 14,000 Amps for all other | |] Floatin | g buildings | |
| ☐ Fire pumps | | Comme building | ercial-use a gs | gricultural |
| Emergency systems | | | ition of a 15 | |
| Addition of a new motor load of 100 HP or more | | _ | seperately o | · I |
| Six or more residential units in | L | | ", or "1-2" or | |
| one structure | . <u>L</u> | - | ational Vehic | |
| Health care facilities | L | | voltage for pply volts n | |
| FEE St | CHE | DULE | | |
| Description | | Qty. | Ea. | Total |
| Branch circuits | | | | |
| Branch circuits without service or feeder | | 1 | \$81.14 | \$81.14 |
| Branch circuits each additional circuit without service | | 167 | \$4.26 | \$711.42 |
| Miscellaneous | | | • | |
| Signal circuit(s) or limited-energy panel, alteration, or extension | | 2 | \$91.72 | \$183.44 |
| Electrical Permit Fees | | | 1 | |
| Subtotal | | | | \$976.00 |
| State surcharge (12% of permit | | | | \$117.12 |
| total) | | | | |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and vold if it does not meet applicable land use laws and local ordinances.

B Q019-3904 Commercial Electrical Authorization To Begin Work 05350-BEL-19-00806

12725 SW Milikan Way
Beaverton, OR 97076

eaverton Phone: 503-526-2542
R E S O N Email: cunderwood@beavertonoregon.gov

Approval Code: 02841G 9/17/2019 9:55 am

E-mailed To: info@tritonnw.com

| Sign European Commission | TYPE OF WORK | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| New Construction | X Addition/alteration/replacement | | | | | | | | | |
| CATEGORY OF CONSTRUCTION | | | | | | | | | | |
| 1 or 2 family dwelling | Multi-family X Commercial Accessory | | | | | | | | | |
| JOB SIT | E INFORMATION AND LOCATION | | | | | | | | | |
| Job Address: 9400 SW BEAV | ERTON HILLSDALE HWY | | | | | | | | | |
| City/State/ZIP: BEAVERTON, | OR 97005 | | | | | | | | | |
| Suite/bldg./apt.no.: 131 | | | | | | | | | | |
| Project Name: 6214 Aspen Tie | Cables | | | | | | | | | |
| Cross Street/directions to job | site: | | | | | | | | | |
| Tax map/parcel no.: 1S11 | 4AC00200 | | | | | | | | | |
| | DESCRIPTION OF WORK | | | | | | | | | |
| Run tie cables from old server system. | room and IDF to new server room for security | | | | | | | | | |
| | | | | | | | | | | |
| | APPLICANT | | | | | | | | | |
| Name: Aaron Van Fleet | | | | | | | | | | |
| Phone: 5036155800 | Fax: 5036285689 | | | | | | | | | |
| Email: | | | | | | | | | | |
| | CONTRACTOR | | | | | | | | | |
| Elec lic. no.: 34-648CLE | CCB lic. no.: 154665 | | | | | | | | | |
| Business Name: TRITON CO | MMUNICATIONS LLC | | | | | | | | | |
| Contact: | | | | | | | | | | |
| Address: PO BOX 1091 | | | | | | | | | | |
| City/State/ZIP: HILLSBORO, (| DR 97123 | | | | | | | | | |
| Phone: 5036155800 | Fax: 5036285689 | | | | | | | | | |
| Email: info@tritonnw.com | | | | | | | | | | |
| Metro lic. no.: | City lic. no.: | | | | | | | | | |
| Supervising Electrician's lic. | no.: | | | | | | | | | |
| Supervising Electrician's Nar | ne: | | | | | | | | | |
| Number of inspections include | ded in paid services: | | | | | | | | | |

| PLAN F | EVIEV | ٧ | | | |
|---|--|----------------|----------------------------|---------------------|--|
| Please check all that apply: | □ На | ızard | ous location | าร | |
| A service or feeder beginning at 400 Amps where the | | | ce or feeder ps or more | rated at | |
| available fault current exceeds 10,000 Amps at 150 Volts or | □ Ві | iilding | gs more tha | n three stor | |
| less to ground exceeds | | arina | s and boat y | /ards | |
| 14,000 Amps for all other | ☐ Flo | oating | g buildings | | |
| Fire pumps | _ | omme ilding | ercial-use a js | gricultura l | |
| Emergency systems | | | tion of a 15 | | |
| Addition of a new motor load of 100 HP or more | larger seperately derived sys "A", "E", or "I-2" or "I-3" Recreational Vehicle Parks | | | | |
| Six or more residential units in one structure | | | | | |
| Health care facilities | Supply voltage for more than 600 supply volts nominal | | | | |
| FEE SC | HEDU | LE | | 10 COST 10 | |
| Description | QI | y. | Ea. | Total | |
| Miscellaneous | | | | | |
| Signal circuit(s) or limited-energy panel, alteration, or extension | Í | 1 | \$91.72 | \$91.72 | |
| Electrical Permit Fees | | | r | | |
| Subtotal | | | | \$91.72 | |
| State surcharge (12% of permit total) | | | | \$11.01 | |
| TOTAL PERMIT FEE | | | | \$102.73 | |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

1

2

Residential Service:

Reconnect Only: All Other Services:

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

B2019-3905

City Of Beaverton

12725 SW Milikan Way Beaverton, OR 97076 eaverton Phone: 503-526-2542 Email: cunderwood@beavertonoregon.gov

Residential Electrical Authorization To Begin Work 05350-BEL-19-00807

Please check all that apply:

A service or feeder beginning

10,000 Amps at 150 Volts or

at 400 Amps where the available fault current exceeds

less to ground exceeds 14,000 Amps for all other

Addition of a new motor load

Six or more residential units in

Fire pumps

Emergency systems

of 100 HP or more

one structure

Services or feeders Services 200 amps or less

Branch circuits with service or

State surcharge (12% of permit

Branch circuits

feeder each circuit Electrical Permit Fees

TOTAL PERMIT FEE

Subtotal

total)

Description

Health care facilities

Approval Code: 990352 9/17/2019 10:08 am

PLAN REVIEW

E-mailed To: office@youngelectricco.com

Hazardous locations A service or feeder rated at

600 amps or more

Marinas and boat yards

Installation of a 150 KVA or

Recreational Vehicle Parks

"A", "E", or "I-2" or "I-3"

larger seperately derived sys

Supply voltage for more than

Total

\$115.83

\$8.52

\$124.35

\$14.92

\$139.27

600 supply volts nominal

\$115.83

\$4.26

2

Floating buildings Commercial-use agricultural

buildings

FEE SCHEDULE

Buildings more than three stor

| ☐ New Construction | ACTIVITY OF THE PROPERTY OF TH |
|--|--|
| I | |
| C/A | ATEGORY OF CONSTRUCTION |
| X 1 or 2 family dwelling | Multi-family Commercial Accessory |
| JOB SI | TE INFORMATION AND LOCATION |
| Job Address: 6175 SW CHE | ESTNUT AVE |
| City/State/ZIP: BEAVERTON | I, OR 97005 |
| Suite/bldg./apt.no.: | |
| Project Name: Panel Change | 3 |
| Cross Street/directions to jo | b site: |
| Tax map/parcel no.: 1S1 | 23AB04500 |
| | DESCRIPTION OF WORK |
| Panel change | |
| | |
| | APPLICANT |
| Name: Young Electric Office | |
| Phone: 9718885081 | Fax: |
| Email: | |
| | SOUTH ACTOR |
| | CONTRACTOR |
| Elec lic. no.: C353 | CCB lic. no.: 178887 |
| Elec lic. no.: C353 Business Name: YOUNG EL | CCB IIc. no.: 178887 |
| | CCB IIc. no.: 178887 |
| Business Name: YOUNG EL | CCB IIc. no.: 178887 |
| Business Name: YOUNG EL | CCB Ilc. no.: 178887 ECTRIC LLC RE ST STE 221 |
| Business Name: YOUNG EL Contact: Address: 9999 SW WILSHIR | CCB Ilc. no.: 178887 ECTRIC LLC RE ST STE 221 |
| Business Name: YOUNG EL Contact: Address: 9999 SW WILSHIR City/State/ZIP: PORTLAND, | CCB IIc. no.: 178887 ECTRIC LLC RE ST STE 221 OR 97225 Fax: 5036460960 |
| Business Name: YOUNG EL Contact: Address: 9999 SW WILSHIR City/State/ZIP: PORTLAND, Phone: 9718885081 | CCB IIc. no.: 178887 ECTRIC LLC RE ST STE 221 OR 97225 Fax: 5036460960 |
| Business Name: YOUNG EL Contact: Address: 9999 SW WILSHIR City/State/ZIP: PORTLAND, Phone: 9718885081 Email: office@youngelectrice | CCB IIc. no.: 178887 LECTRIC LLC RE ST STE 221 OR 97225 Fax: 5036460960 co.com City Iic. no.: |
| Business Name: YOUNG EL Contact: Address: 9999 SW WILSHIR City/State/ZIP: PORTLAND, Phone: 9718885081 Email: office@youngelectrico Metro Ilc. no.: | CCB IIc. no.: 178887 ECTRIC LLC RE ST STE 221 OR 97225 Fax: 5036460960 co.com City lic. no.: |

| | | | | | | jurisdiction, w to schedule | | | be | e-mailed | OF | taxeq | |
|-------|----------|--------|----|---|------|--------------------------------|------|-----|----|----------|----|-------|--|
| | | | | _ | | | | ••• | | | | 4 | |
| Al! C | other Se | ervice | s: | 2 | | | | | | | | | |
| | onnect | • | | 1 | | | | | | | | | |
| | | - | | á | | | | | | | | | |

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov This Authorization To Begin Work must be posted at the job site until replaced by a Permit

12725 SW Milikan Way Beaverton, OR 97076

Phone: 503-526-2542

R Email: cunderwood@beavertonoregon.gov

BQ019-3900
Commercial Electrical Authorization To Begin Work
05350-BEL-19-00805

Approval Code: 604889 9/17/2019 6:38 am

E-mailed To: phelectricllc@gmail.com

| | TYPE OF WORK |
|-----------------------------------|-------------------------------------|
| New Construction | |
| CAT | EGORY OF CONSTRUCTION |
| 1 or 2 family dwelling | Multi-family X Commercial Accessory |
| JOB SITI | E INFORMATION AND LOCATION |
| Job Address: 11645 SW BEA | VERTON HILLSDALE HWY |
| City/State/ZIP: BEAVERTON, (| OR 97005 |
| Sulte/bldg./apt.no.: | |
| Project Name: Nebulous | |
| Cross Street/directions to job | site: |
| Tax map/parcel no.: 1S115 | 5BA02000 |
| in out the southern strik for the | DESCRIPTION OF WORK |
| Upgrade panel, add branch circ | uits |
| i i | |
| | APPLICANT |
| Name: Rodney Loder | |
| Phone: 5035519611 | Fax: 5033759829 |
| Email: | |
| | CONTRACTOR |
| Elec lic. no.: C761 | CCB lic. no.: 192114 |
| Business Name: PHOTO ELEC | TRIC LLC |
| Contact: | |
| Address: PO BOX 13657 | |
| City/State/ZIP: SALEM, OR 973 | 309 |
| Phone: 5035519611 | Fax: 5033759829 |
| Email: phelectricllc@gmail.com | |
| Metro lic. no.: | City lic. no.: |
| Supervising Electrician's lic. no | D.: |
| Supervising Electrician's Name | 9: |
| Number of inspections include | d in paid continue: |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

| Autopea value and processor of the Control of Control | KEV | /IEW | | | | | |
|--|-----|---|-------------------------------|--------------------------|--|--|--|
| Please check all that apply: | | Hazar | dous locatio | ns | | | |
| A service or feeder beginning at 400 Amps where the | | | ice or feede nps or more | | | | |
| available fault current exceeds 10,000 Amps at 150 Volts or | | Buildir | gs more th | an three stor | | | |
| less to ground exceeds 14,000 Amps for all other | | | is and boat | yards | | | |
| 14,000 Amps for all other | 닏 | | ıg buildings | | | | |
| Fire pumps | L | Comm buildin | ercial-use a gs | igricultural | | | |
| Emergency systems | | | ation of a 15 | | | | |
| Addition of a new motor load of 100 HP or more | _ | | larger seperately derived sys | | | | |
| Six or more residential units in one structure | | "A", "E", or "I-2" or "I-3" Recreational Vehicle Parks | | | | | |
| Health care facilities | | | voltage for pply volts n | for more than nominal | | | |
| FEESC | HE | DULE | | | | | |
| Description | | Qty. | Ea. | Total | | | |
| Services or feeders | - | | | | | | |
| Services 200 amps or less | | 1 | \$115.83 | \$115.83 | | | |
| Branch circuits | | | | | | | |
| Branch circuits with service or feeder each circuit | | 18 | \$4.26 | \$76.68 | | | |
| Electrical Permit Fees | | | | | | | |
| Subtotal | | | | \$192.51 | | | |
| State surcharge (12% of permit total) | | | | \$23.10 | | | |
| TOTAL PERMIT FEE | | | | \$215.61 | | | |



Electrical Permit Application 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov

| OFFICE USE ONLY | | | | | | | | | |
|---|------------------------|--|--|--|--|--|--|--|--|
| Date Received: | Permit Np. 30 9 - 3902 | | | | | | | | |
| Date Issued: | /BM | | | | | | | | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Payment Type: Mo | | | | | | | | |

| ☐ New construction | | F WORK ration/replacement | |
|--|---------------------------------|------------------------------|---------------------------|
| | | CONSTRUCTION | |
| 1- and 2-family dwelling Multi-family | ☐ Commercial/ ☐ Master build | | Accessory building Other: |
| | JOB SITE INFORMAT | ION AND LOCA | TION |
| Job no.: | Job address: U 4 | HUS SW | Sanderling Ct |
| City/State/ZIP: | | | |
| Suite/bldg./apt. no.; | | Project name: | |
| Cross street/directions to job | site: | | |
| Subdivision: | | Lot no.: | |
| Tax map/parcel no.: | | | |
| | DESCRIPTIO | N OF WORK | |
| Sin | grebrau | nunch | unt |
| PROPERTY | OWNER | | ☐ TENANT |
| Name: And Dea | (Krisi | KV | |
| Address: \(466 | | deelung | ct |
| City/State/ZIP: | ontro 18. | 97007 | |
| Phone: | CHO ! | Fax: | |
| E-mail: | | | |
| sale, lease, rent, or exchange Owner signature: APPLIC Business name: | TIN |) | Date:Date: |
| Contact name: | | | |
| Address: | | | |
| City/State/ZIP: | • | | |
| Phone: | | Fax: | |
| E-mail: | | | |
| | CONTRA | CTOR | |
| Business name: | ARRIA MAN | ner. | |
| Address: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | BW San | idurlina | d. |
| City/State/ZiP2 | tona UT. | 97007 | |
| Phone: | | Fax: | |
| E-mail; | | CCB lic, no.: | |
| Electrical lic. no.: | | City or metro lic. | |
| Supervising electrician signature, required: | | | |
| Print name: | | | Date: |
| Authorized signature: | | | |
| Print name: | | | Date: |

| Payme | ent Type: | MC | | | | | | | | |
|---|--------------|----------------------|--|-------------------------|--|--|--|--|--|--|
| DI-AN DEVIEW | | | | | | | | | | |
| PLAN REVIEW Please check all that apply: Service or feeder over 600 amps | | | | | | | | | | |
| Please check all that apply: | | | | nps [| | | | | | |
| Service or feeder 400amps | nree stories | - 1 | | | | | | | | |
| or more Marinas and boatyards | | | | | | | | | | |
| ☐ Fire pump ☐ Floating bulldings ☐ Emergency system ☐ Commercial-use agricultural | | | | | | | | | | |
| ☐ Emergency system ☐ Addition of new motor | | imerciai-us fings | se agricultura | ³¹ | | | | | | |
| load of 100HP or more | | _ | 0 KVA or larg | er | | | | | | |
| Six or more residential units | | rately deriv | | 101 | | | | | | |
| ☐ Health-care facilities | | | 3" occupancy | | | | | | | |
| Hazardous locations | | | ehicle parks | | | | | | | |
| <u> </u> | L | | emore parks | | | | | | | |
| FEE S | 1 | 1 | | 200-0000 | | | | | | |
| Description | Qty. | Fee | Total | | | | | | | |
| Residential single- or multi-fam | illy dwel | ling unit | | | | | | | | |
| Includes attached garage | | | | | | | | | | |
| 1,000 sq. ft. or less | | 194.64 | | 4 | | | | | | |
| Ea. add'l 500 sq. ft. or portion | | 34.77 | | | | | | | | |
| Limited energy, residential | 1 | | | 1 - 1 | | | | | | |
| (with above sq. ft.) | | 46.42 | | 2 | | | | | | |
| Limited energy, multi-family | | 91.72 | | 2 | | | | | | |
| residential (with above sq. ft.) | | | | | | | | | | |
| Services or feeders installation | , alterati | on, and/o | r relocation | | | | | | | |
| 200 amps or less | T | 115.83 | | 2 | | | | | | |
| | | 137.89 | | 2 | | | | | | |
| 201 amps to 400 amps | | | | | | | | | | |
| 401 amps to 600 amps | | 229.34 | | 2 | | | | | | |
| 601 amps to 1,000 amps | | 299.93 | | 2 | | | | | | |
| Over 1,000 amps or volts | | 690.22 | | 2 | | | | | | |
| <u>``</u> ` | | | | | | | | | | |
| Utility reconnect | <u> </u> | 91.72 | neg a Portario Pagasanana a a a ta | 1 | | | | | | |
| Temporary services or feeders | installat | ion, altera | tion, and/o | | | | | | | |
| relocation | | | | 3949504951 | | | | | | |
| 200 amps or less | | 91.72 | | 2 | | | | | | |
| 201 amps to 400 amps | | 127.41 | | 2 | | | | | | |
| 401 amps to 600 amps | <u> </u> | 184.11 | | 2 | | | | | | |
| | | | | 2 | | | | | | |
| 601 amps to 1,000 amps | | 225.29 | | 343555555 | | | | | | |
| Branch circuits – new, alteration | n, or ex | tension, p | er panel | | | | | | | |
| A. Fee for branch circuits with | | | | | | | | | | |
| above service or feeder fee, | l . | 4.26 | | 2 | | | | | | |
| each branch circuit | | | | - | | | | | | |
| B. Fee for branch circuits | | 04 44 | | 1 , 1 | | | | | | |
| without service or feeder fee, | | 81.14 | | 2 | | | | | | |
| first branch circuit | | 4.00 | | | | | | | | |
| Each add'i branch circuit | | 4.26 | -2 | | | | | | | |
| Miscellaneous (service or feed | er not in | cluded) | | | | | | | | |
| Each manufactured or modular | | 91.72 | | 2 | | | | | | |
| dwelling, service, and/or feeder | - | | | | | | | | | |
| Pump or irrigation circle | | 91.72 | | 2 | | | | | | |
| Sign or outline lighting | | 91.72 | | 2 | | | | | | |
| Signal circuit(s) or limited-energy | | | | - | | | | | | |
| panel, alteration, or | 1 | 04.70 | 1 | | | | | | | |
| extension. Describe: | | 91.72 | | 2 | | | | | | |
| | | ļ | | | | | | | | |
| Each additional inspection | 1.0 | | | | | | | | | |
| over allowable in any of the | 1 | | | | | | | | | |
| above | | | | | | | | | | |
| One in a continu | | 04 44 | l | + | | | | | | |
| Per inspection | | 81.14 | | - | | | | | | |
| Investigation fee | | | | | | | | | | |
| Other: | | | | | | | | | | |
| Electrical permit fees | | | | | | | | | | |
| | TOTAL | | | 0.00 | | | | | | |
| SUE | TOTAL | | | 0.00 | | | | | | |
| Plan review (25° | % of ne | rmit fee) | | _1 | | | | | | |
| | ··· | | | | | | | | | |
| State surcharge (12 | % of pe | mit fee) | | 0.00 | | | | | | |
| | | | | 20.00 | | | | | | |
| I IUIA | LTFKR | ### FEE | | TOTAL PERMIT FEE \$0.00 | | | | | | |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Number of inspections allowed per permit.
Form B70-1002

REV 10/17

B2019-3893

City Of Beaverton

Commercial Electrical Authorization To Begin Work 05350-BEL-19-00803

Approval Code: 39499G 9/16/2019 2:29 pm

E-mailed To: vanguardelectric@gmail.com

| | Oity Of Boarditon |
|-------|---------------------------------------|
| | 12725 SW Milikan Way |
| | Beaverton, OR 97076 |
| 4 | Phone: 503-526-2542 |
| . III | Email: cunderwood@heavertongregon.gov |

| New Construction | | TYPE OF WORK |
|--|---|-------------------------------------|
| 1 or 2 family dwelling Multi-family Commercial Accessory | New Construction | . X Addition/alteration/replacement |
| JOB SITE INFORMATION AND LOCATION Job Address: 15021 SW MILLIKAN WAY City/State/ZIP: BEAVERTON, OR 97006 Suite/bidg./apt.no.: Project Name: Millikan Way Sign Light Cross Street/directions to job site: Tax map/parcel no.: 1\$1080000107 DESCRIPTION OF WORK One Circuit for sign light APPLICANT Name: Christopher Strange Phone: 503-537-5006 Fax: 503-537-5019 Email: CONTRACTOR Elec lic. no.: 38-104C CCB lic. no.: 164865 Business Name: VANGUARD ELECTRIC INC Contact: Address: 3800 MORRIS ST City/State/ZIP: NEWBERG, OR 97132 Phone: 5035375006 Fax: 5035375019 Email: vanguardelectric@gmail.com Metro lic. no.: City lic. no.: Supervising Electrician's lic. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | C | ATEGORY OF CONSTRUCTION |
| Job Address: 15021 SW MILLIKAN WAY City/State/ZIP: BEAVERTON, OR 97006 Sulte/bidg./apt.no.: Project Name: Millikan Way Sign Light Cross Street/directions to job site: Tax map/parcel no.: 1\$1080000107 DESCRIPTION OF WORK One Circuit for sign light APPLICANT Name: Christopher Strange Phone: 503-537-5006 Fax: 503-537-5019 Email: CONTRACTOR Elec lic. no.: 38-104C COB lic. no.: 164865 Business Name: VANGUARD ELECTRIC INC Contact: Address: 3800 MORRIS ST City/State/ZIP: NEWBERG, OR 97132 Phone: 5035375006 Fax: 5035375019 Email: vanguardelectric@gmail.com Metro lic. no.: City lic. no.: Supervising Electrician's lic. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | 1 or 2 family dwelling | Multi-family Commercial Accessory |
| City/State/ZIP: BEAVERTON, OR 97006 Suite/bldg./apt.no.: Project Name: Millikan Way Sign Light Cross Street/directions to job site: Tax map/parcel no.: 1S1080000107 DESCRIPTION OF WORK One Circuit for sign light APPLICANT Name: Christopher Strange Phone: 503-537-5006 Fax: 503-537-5019 Email: CONTRACTOR Elec lic. no.: 36-104C CCB lic. no.: 164865 Business Name: VANGUARD ELECTRIC INC Contact: Address: 3800 MORRIS ST City/State/ZIP: NEWBERG, OR 97132 Phone: 5035375006 Fax: 5035375019 Email: vanguardelectric@gmail.com Metro lic. no.: City lic. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | JOB S | SITE INFORMATION AND LOCATION |
| Suite/bidg./apt.no.: Project Name: Millikan Way Sign Light Cross Street/directions to job site: Tax map/parcel no.: 1S1080000107 DESCRIPTION OF WORK One Circuit for sign light APPLICANT Name: Christopher Strange Phone: 503-537-5006 Fax: 503-537-5019 Email: CONTRACTOR Elec lic. no.: 36-104C CCB lic. no.: 164865 Business Name: VANGUARD ELECTRIC INC Contact: Address: 3800 MORRIS ST City/State/Zip: NEWBERG, OR 97132 Phone: 5035375006 Fax: 5035375019 Email: vanguardelectric@gmail.com Metro lic. no.: City lic. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | Job Address: 15021 SW N | IILLIKAN WAY |
| Project Name: Millikan Way Sign Light Cross Street/directions to job site: Tax map/parcel no.: 1S1080000107 DESCRIPTION OF WORK One Circuit for sign light APPLICANT Name: Christopher Strange Phone: 503-537-5006 Fax: 503-537-5019 Email: CONTRACTOR Elec lic. no.: 36-104C CCB lic. no.: 164865 Business Name: VANGUARD ELECTRIC INC Contact: Address: 3800 MORRIS ST City/State/ZiP: NEWBERG, OR 97132 Phone: 5035375006 Fax: 5035375019 Email: vanguardelectric@gmail.com Metro lic. no.: City lic. no.: Supervising Electrician's lic. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | City/State/ZIP: BEAVERTO | N, OR 97006 |
| Cross Street/directions to job site: Tax map/parcel no.: 1S1080000107 DESCRIPTION OF WORK One Circuit for sign light APPLICANT Name: Christopher Strange Phone: 503-537-5006 Fax: 503-537-5019 Email: CONTRACTOR Elec lic. no.: 36-104C CCB lic. no.: 164865 Business Name: VANGUARD ELECTRIC INC Contact: Address: 3800 MORRIS ST City/State/ZiP: NEWBERG, OR 97132 Phone: 5035375006 Fax: 5035375019 Email: vanguardelectric@gmail.com Metro lic. no.: City lic. no.: Supervising Electrician's lic. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | Suite/bldg./apt.no.: | |
| Tax map/parcel no.: 1S1080000107 DESCRIPTION OF WORK One Circuit for sign light APPLICANT Name: Christopher Strange Phone: 503-537-5006 Fax: 503-537-5019 Email: CONTRACTOR Elec lic. no.: 38-104C CCB lic. no.: 164865 Business Name: VANGUARD ELECTRIC INC Contact: Address: 3800 MORRIS ST City/State/ZIP: NEWBERG, OR 97132 Phone: 5035375006 Fax: 5035375019 Email: vanguardelectric@gmail.com Metro lic. no.: City lic. no.: Supervising Electrician's lic. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | Project Name: Millikan Way | / Sign Light |
| DESCRIPTION OF WORK One Circuit for sign light APPLICANT Name: Christopher Strange Phone: 503-537-5006 Fax: 503-537-5019 Email: CONTRACTOR Elec Ilc. no.: 36-104C CCB Ilc. no.: 164865 Business Name: VANGUARD ELECTRIC INC Contact: Address: 3800 MORRIS ST City/State/ZIP: NEWBERG, OR 97132 Phone: 5035375006 Fax: 5035375019 Email: vanguardelectric@gmail.com Metro Ilc. no.: City lic. no.: Supervising Electrician's lic. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | Cross Street/directions to | ob site: |
| APPLICANT Name: Christopher Strange Phone: 503-537-5006 Fax: 503-537-5019 Email: CONTRACTOR Elec lic. no.: 36-104C CCB lic. no.: 164865 Business Name: VANGUARD ELECTRIC INC Contact: Address: 3800 MORRIS ST City/State/ZIP: NEWBERG, OR 97132 Phone: 5035375006 Fax: 5035375019 Email: vanguardelectric@gmail.com Metro lic. no.: City lic. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Resconnect Only: 1 | Tax map/parcel no.: 19 | 31080000107 |
| APPLICANT Name: Christopher Strange Phone: 503-537-5006 Fax: 503-537-5019 Email: CONTRACTOR Elec lic. no.: 36-104C CCB lic. no.: 164865 Business Name: VANGUARD ELECTRIC INC Contact: Address: 3800 MORRIS ST City/State/ZIP: NEWBERG, OR 97132 Phone: 5035375006 Fax: 5035375019 Email: vanguardelectric@gmail.com Metro lic. no.: City lic. no.: Supervising Electrician's lic. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | | DESCRIPTION OF WORK |
| Name: Christopher Strange Phone: 503-537-5006 Fax: 503-537-5019 Email: CONTRACTOR Elec lic. no.: 36-104C CCB lic. no.: 164865 Business Name: VANGUARD ELECTRIC INC Contact: Address: 3800 MORRIS ST City/State/ZIP: NEWBERG, OR 97132 Phone: 5035375006 Fax: 5035375019 Email: vanguardelectric@gmail.com Metro lic. no.: City lic. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | One Circuit for sign light | |
| Phone: 503-537-5006 Email: CONTRACTOR Elec Ilc. no.: 36-104C CCB Ilc. no.: 164865 Business Name: VANGUARD ELECTRIC INC Contact: Address: 3800 MORRIS ST City/State/ZIP: NEWBERG, OR 97132 Phone: 5035375006 Email: vanguardelectric@gmail.com Metro lic. no.: City Ilc. no.: Supervising Electrician's Ilc. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | Olympia - Olympia | |
| Elec lic. no.: 36-104C CCB lic. no.: 164865 Business Name: VANGUARD ELECTRIC INC Contact: Address: 3800 MORRIS ST City/State/ZIP: NEWBERG, OR 97132 Phone: 5035375006 Fax: 5035375019 Email: vanguardelectric@gmail.com Metro lic. no.: City lic. no.: Supervising Electrician's lic. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | Name: Christopher Strange | |
| CONTRACTOR Elec lic. no.: 36-104C | Phone: 503-537-5006 | Fax: 503-537-5019 |
| Elec lic. no.: 36-104C CCB lic. no.: 164865 Business Name: VANGUARD ELECTRIC INC Contact: Address: 3800 MORRIS ST City/State/ZIP: NEWBERG, OR 97132 Phone: 5035375006 Fax: 5035375019 Email: vanguardelectric@gmail.com Metro lic. no.: City lic. no.: Supervising Electrician's lic. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | Email: | |
| Business Name: VANGUARD ELECTRIC INC Contact: Address: 3800 MORRIS ST City/State/ZIP: NEWBERG, OR 97132 Phone: 5035375006 Fax: 5035375019 Email: vanguardelectric@gmail.com Metro lic. no.: City lic. no.: Supervising Electrician's lic. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | | |
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| Address: 3800 MORRIS ST City/State/ZIP: NEWBERG, OR 97132 Phone: 5035375006 Fax: 5035375019 Email: vanguardelectric@gmail.com Metro lic. no.: City lic. no.: Supervising Electrician's lic. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | Business Name: VANGUA | RD ELECTRIC INC |
| City/State/ZIP: NEWBERG, OR 97132 Phone: 5035375006 Fax: 5035375019 Email: vanguardelectric@gmail.com Metro lic. no.: City lic. no.: Supervising Electrician's lic. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | Contact: | |
| Phone: 5035375006 Fax: 5035375019 Email: vanguardelectric@gmail.com Metro lic. no.: City lic. no.: Supervising Electrician's lic. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | Address: 3800 MORRIS S | T |
| Email: vanguardelectric@gmail.com Metro lic. no.: City lic. no.: Supervising Electrician's lic. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | City/State/ZIP: NEWBERG | , OR 97132 |
| Metro lic. no.: Supervising Electrician's lic. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | Phone: 5035375006 | Fax: 5035375019 |
| Supervising Electrician's lic. no.: Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | Email: vanguardelectric@g | ymail.com |
| Supervising Electrician's Name: Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | Metro lic. no.: | City lic. no.: |
| Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 | Supervising Electrician's | lic. no.: |
| Residential Service: 4 Reconnect Only: 1 | Supervising Electrician's | Name: |
| | Residential Service: Reconnect Only: | 4 1 |

| Upon | review | and | approval | by | your | local | jurisdiction, | your | permit | wiii | be | e-mailed | or | faxe |
|--------|---------|-------|-------------|------|---------|-------|---------------|--------|----------|------|----|----------|----|------|
| within | one bus | iness | day, with i | nstr | uctions | on ho | w to schedule | your i | nspectio | n. | | | | |

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void If it does not meet applicable land use laws and local ordinances.

| PLAN | REV | IEW | | | | | |
|--|----------------------------|--|---|--------------|--|--|--|
| Please check all that apply: | | Hazaro | lous location | s | | | |
| A service or feeder beginning at 400 Amps where the | | • | ce or feeder nps or more | rated at | | | |
| available fault current exceeds 10,000 Amps at 150 Volts or | | Buildin | gs more that | n three stor | | | |
| less to ground exceeds | | Marina | s and boat y | ards | | | |
| 14,000 Amps for all other | | Floatin | g buildings | | | | |
| Fire pumps | L | Comm buildin | ercial-use a(gs | gricultural | | | |
| ☐ Emergency systems | | | ation of a 150 | | | | |
| Addition of a new motor load of 100 HP or more | г | | larger seperately derived sys "A", "E", or "I-2" or "I-3" | | | | |
| Six or more residential units in one structure | Recreational Vehicle Parks | | | | | | |
| Health care facilities | | Supply voltage for more than 600 supply volts nominal | | | | | |
| FEE S | CHE | DULE | 6 7 KG KI | | | | |
| Description | | Qty. | Ea. | Total | | | |
| Branch circuits | | | | | | | |
| Branch circuits without service or feeder | | 1 | \$81.14 | \$81.14 | | | |
| Electrical Permit Fees | | | | | | | |
| Subtotal | | | | \$81.14 | | | |
| State surcharge (12% of permit total) | | | | \$9.74 | | | |
| TOTAL PERMIT FEE | İ | | 1 | \$90.88 | | | |



Electrical Permit Application 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

| OFFICE | E USE ONLY |
|------------------------|------------------------|
| Date Received: 9-10-19 | Permit No. 2019 - 3892 |
| Date Issued: 9-16-19 | By. 100 |
| | Payment Type: MC |

| | Beaverton Oregon.gov | | | | | 1-0 | | |
|---|--|---|-----------------|--|----------------------------|--------------------------|------------------------|------|
| TYPE | of Work | | | PLAN | REVIEV | ٧ | | |
| | eration/replacement | | | | _ | | er over 600 am | ips |
| ☐ Other: | | | | | uing over ti inas and b | hree stories natvards | | |
| | CONSTRUCTION | | | | | ting buildir | | |
| ☐ 1- and 2-family dwelling Commercia | Vindustrial ☐ Accessory building | | | | | | se agricultura | 3) |
| ☐ Multi-family ☐ Master built | | | | klition of new motor ad of 100HP or more | | dings dallon of 16 | 0 KVA or large | 191 |
| <u> </u> | TION AND LOCATION | | 1 | x or more residential units | | rately deriv | | |
| JOR 211E INFORMA | TION AND LOCATION | | | | | | 3" occupancy | |
| Job no 1905590 Job address: | | | O Ha | azardous locations | | | ehicle parks | |
| City/State/ZIP: Beaverton, OR 97006 | | | | Description | Qty. | Fee | Total | • |
| Suite/bldg /apt_no.: | Project name | | | ential single- or multi-fami les attached garage | ly dwel | ling unit | | |
| Cross street/directions to job site: SW Jenkins | Rd & Sw 153rd Dr | | | sq. ft. or less | | 194.64 | | 4 |
| Subdivision. | Lot na.: | | | d'I 500 sq. ft. or portion ited energy, residential | | 34.77 | | 2 |
| Tay manharnal on | , | | | h above sq. ft.) | <u></u> | 46.42 | | 1- |
| Tax map/parcel no. | | | | ited energy, multi-family dential (with above sq. ft.) | | 91.72 | · ! | 2 |
| DESCRIPTIO | ON OF WORK | | | es or feeders installation, | alterati | on, and/or | relocation | |
| Traffic Signal and Street light Work (| On SE Corner Of Sw Jenkins & S | 3w | 200 an | nps or less | 1 | 115.83 | 115.83 | 2 |
| 153rd Dr | 2,, 62 861161 81 91 91 91 | | 201 an | nps to 400 amps | | 137.89 | | 2 |
| PROPERTY OWNER | ☐ TENANT | | 401 an | nps to 600 amps . | | 229,34 | | 2 |
| | | | 601 an | nps to 1,000 amps | | 299.93 | | 2 |
| Name: | | | Over 1 | ,000 amps or volts | | 690.22 | | 2 |
| Address | | | Utility r | econnect | | 91.72 | | 1 |
| City/State/ZIP | | *************************************** | Tempo reloca | orary services or feeders it tion | nstallat | ion, altera | tion, and/or | |
| Dhana | Fax. | | 200 an | nps or less | | 91.72 | | 2 |
| Phone: | 1, 40. | | 201 an | nps to 400 amps | | 127.41 | | 2 |
| E-mail: | | | 401 an | nps to 600 amps | | 184.11 | | 2 |
| Owner Installation: This installation is being made | on property that I own which is not intended." | for | 601 an | nps to 1,000 amps | <u></u> | 225.29 | | 2 |
| sale, lease, rent, or exchange. | on property that I own, which is not allowed a | | | h circuits – new, alteration | , or ext | ension, pe | r panel | , |
| Owner signature. | Date ⁻ | | | for branch circuits with ve service or feeder fee, | 5 | 4.26 | 21.30 | 2 |
| | | | | h branch circuit | | 1.20 | 2.1.00 | |
| Business name: Global Electric, Inc. | ☐ CONTACT PERSON | | with | for branch circuits nout service or feeder fee, | | 81.14 | | 2 |
| Business name. Global Electric, Inc. | | | | branch circuit dd'l branch circuit | | 4.26 | | |
| Contact name: Dustin O'Rear | | | | laneous (service or feeder | not In | L | l | L |
| Address: PO Box 162 | | | L . | nanufactured or modular | 1.0 | <u> </u> | | _ |
| | | | dwellin | g, service, and/or feeder | | 91,72 | | 2 |
| City/State/ZIP: North Plains OR 97133 | | | Pump | or irrigation circle | | 91.72 | | 2 |
| Phone: (503) 647-5650 | Fax: (503) 647-5649 | | | outline lighting | | 91.72 | | 2 |
| E-mail: dispatch@globalelectricusa.co | m | | pan | circuit(s) or limited-energy el, alteration, or ension. Describe | | 91.72 | | 2 |
| CONTRA | CTOR | | CALC | noon become | | | | |
| Business name: Global Electric, Inc. | , | | | idditional Inspection Howable in any of the | | | | |
| Address. PO Box 162 | | | above | | | | | |
| City/State/ZIP: North Plains OR 97133 | | | <u> </u> | pection gation fee | | 81.14 | | |
| Phone: (503) 647-5650 | Fax: (503) 647-5649 | | Other: | gationice | | | | |
| E-mail: dispatch@globalelectricusa | | | | al permit fees | | | | |
| Electrical lic. no.: 34-655C | City or metro lic. 7747 | | | SUBT | | | 137 | 7.13 |
| Supervising electrician C | | | | Plan review (25% | | | | |
| signature, required: July Grand | 1/1//10 | 7 | | State surcharge (12% | | | | 3.46 |
| Print name: Justin Spiering | Date: 4/16/19 | | This n | TOTAL ermit application expires i | | L | \$153 obtained with | |
| Authorized cionalura: | | | Litte h | | | | | |

Date.

180 days after it has been accepted as complete
Number of inspections allowed per pormit.
Form 870-1002 REV 19/17

32019-3894 Commercial Electrical Authorization To Begin Work

05350-BEL-19-00804

Approval Code: 03218Q 9/16/2019 2:42 pm

E-mailed To: spetitt@lumenal.com

12725 SW Milikan Way Beaverton, OR 97076 Phone: 503-526-2542 Email: cunderwood@beavertonoregon.gov

| | TYPE OF WORK |
|--|---------------------------------------|
| New Construction | |
| | CATEGORY OF CONSTRUCTION |
| 1 or 2 family dwelling | g Multi-family X Commercial Accessory |
| 10 | SITE INFORMATION AND LOCATION |
| Job Address: 8111 SW | WEST SLOPE DR |
| City/State/ZIP: BEAVER | TON, OR 97225 |
| Suite/bidg./apt.no.: | · |
| Project Name: PPS Ph | 9.5 |
| Cross Street/directions | to job site: |
| Tax map/parcel no.: | 1S112BB00100 |
| | DESCRIPTION OF WORK |
| replace old tech lighting | w/ LED lamps |
| | |
| | APPLICANT |
| Name: Shane Petitt | |
| Phone: 4254815001 | Fax: |
| Email: | |
| | CONTRACTOR |
| Elec lic. no.: C600 | CCB lic. no.: 189817 |
| Business Name: LUME | NAL LIGHTING LLC |
| Contact: | |
| Address: 21706 66TH | VE W |
| City/State/ZIP: MOUNT | LAKE TERRACE, WA 98043 |
| Phone: 4254815001 | Fax: 4252754495 |
| Email: CBUSSER@LIG | HTDOCTOR.COM |
| Metro lic. no.: | City lic. no.: |
| Supervising Electricia | ı's lic. no.: |
| Supervising Electricia | ı's Name: |
| Number of inspections Residential Service: Reconnect Only: | included in pald services: 4 1 |

| Upon | review | and | approval | by | your | local | jurisdiction, | your | permit | will | be | e-mailed | or | faxe |
|--------|---------|-------|-------------|-------|---------|-------|---------------|--------|----------|------|----|----------|----|------|
| within | one bus | iness | day, with i | nstru | uctions | on ho | w to schedule | your l | nspectio | n. | | | | |

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and vold if it does not meet applicable land use laws and local ordinances.

| PLAN | REV | IEW. | | | | |
|--|---|---------|------------------------------|------------|--|--|
| Please check all that apply: | | Hazard | lous location | 5 | | |
| A service or feeder beginning at 400 Amps where the | | | ce or feeder aps or more | rated at | | |
| available fault current exceeds 10,000 Amps at 150 Volts or | | Buildin | gs more thar | three stor | | |
| less to ground exceeds 14,000 Amps for all other | L | | s and boat yo g buildings | ards | | |
| Fire pumps | | | ercial-use ag | ricultural | | |
| Emergency systems | Г | _ | ation of a 150 | KVA or | | |
| Addition of a new motor load of 100 HP or more | _ | | seperately de | • | | |
| Six or more residential units in one structure | Recreational Vehicle Parks | | | | | |
| Health care facilities | Supply voltage for more than 600 supply volts nominal | | | | | |
| FEE SC | HE | DULE | | | | |
| Description | | Qty. | Ea. | Total | | |
| Branch circuits | | | | | | |
| Branch circuits without service or feeder | ٠ | 1 | \$81.14 | \$81.14 | | |
| Branch circuits each additional circuit without service | | 14 | \$4.26 | \$59.64 | | |
| Electrical Permit Fees | | | | | | |
| Subtotal | <u>]</u> | | | \$140.78 | | |
| State surcharge (12% of permit total) | | | | \$16.89 | | |
| | | | | \$157,67 | | |



12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222 BeavertonOregon.gov

| | OFFIC | E USE ONLY |
|----------------|----------|------------------------|
| Date Received: | 1 | Permit No.: B2019-3847 |
| Date Issued: | <u> </u> | (8 1 /~ |
| | | Payment Type: |

| TYPE | OF WORK |
|---|----------------------------------|
| | eration/replacement olar PV |
| CATEGORY OF | CONSTRUCTION |
| ☐ 1- and 2-family dwelling ☐ Commercian ☐ Multi-family ☐ Other: | al/industrial Accessory building |
| JOB SITE INFORMA | ATION AND LOCATION |
| Job no.: Job address: | |
| City/State/ZIP: | |
| Suite/bldg./apt. no.; | Project name: |
| Cross street/directions to job site: | |
| Subdivision: | Let no.: |
| Tax map/parcel no.: | |
| DESCRIPTI | ON OF WORK |
| Residential Rooftop Solar P | V 3.41 kW |
| □ PROPERTY OWNER | ☐ TENANT |
| Name: | |
| Address: | |
| City/State/ZIP: | |
| Phone: | Fax: |
| E-mail: | |
| Owner installation: This installation is being mad sale, lease, rent, or exchange. Owner signature: | |
| CONTR | ACTOR |
| Blue Raven Solar, LI | _C |
| Address: 1403 North Research Way | • |
| City/State/ZIP: Orem, UT 84097 | |
| Phone: 385-482-0045 | Fax: |
| E-mail: permitting.department@blueravensolar.cor | CCB lic. no.: 210112 |
| Electrical lic. no.: c1214 | City or metro lic.: 5869S |
| Supervising electrician signature, required: | |
| Print name: Samuel Collier | Date: 08/20/2019 |
| Authorized signature: | |
| Jeff Lee Print name: | Date: 08/20/2019 |

| Number of Inspections per item () Renewable energy installation per system total | No. of Items | Cost Eaci | - 1 | Total |
|--|-----------------|--------------|-------|--------|
| 5 kva or less (2) | 1 | 81.1 | 14 | |
| 5.01 to 15 kva (2) | | 115. | 83 | |
| 15.01 to 25 kva (2) | | 137. | 89 | |
| 25,01 kva and over (2) | | 229. | 34 | |
| Miscellaneous fees, hourly rate | | 80.0 | 00 | |
| Each additional inspection (1) (OAR 918-309-0070) | | 81. | 14 | |
| FEET | TOTALS | | Recal | culate |
| Check box if plan review is required. | | total | | 0.00 |
| Plan review required for system at 25% of Subtotal. No 12% states review fee. (2 | urcharge on | plan | | |
| State surcharge (12% of permit fee) | | | | 0.00 |
| TOTAL PERMIT FEE | | | | \$0.00 |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Form B70-1005

REV 10/17

\$90.88



12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

BeavertonOregon.gov

| OFFIC | E USE ONLY |
|----------------|------------------------|
| Date Received: | Permit No.: B2019-3843 |
| Date Issued: | BU |
| , | Payment Type: |

FEE SCHEDULE

Cost

Number of inspections per item () No. of

| | YPE OF WORK | | | | |
|---|--|---|--|--|--|
| ☐ New construction ☐ Add | ition/alteration/replace er: Solar PV | ment | | | |
| CATEGO | RY OF CONSTRUC | TION | | | |
| ☐ 1- and 2-family dwelling ☐ Cor ☐ Multi-family ☐ Oth | nmercial/industrial er: | ☐ Accessory building | | | |
| JOB SITE IN | ORMATION AND L | OCATION | | | |
| Job no.: Job address | | | | | |
| City/State/ZIP: | | | | | |
| Sulte/bldg./apt. no.: | Project nan | ne: | | | |
| Cross street/directions to job site: | | | | | |
| Subdivision: Five oaks/triple creek | Lot no.: | | | | |
| Tax map/parcel no.: | | | | | |
| DES | CRIPTION OF WOR | C | | | |
| Residential Rooftop Sol | ar PV 6.2 | kW | | | |
| ☐ PROPERTY OWNER | | ☐ TENANT | | | |
| Name: | | - Alexander | | | |
| Address: | | | | | |
| City/State/ZIP: | | | | | |
| Phone: | Fax: | | | | |
| E-mail: | | | | | |
| Owner installation: This installation is bei sale, lease, rent, or exchange. Owner signature: | ng made on property t | hat I own, which is not intended for Date: | | | |
| | CONTRACTOR | | | | |
| Business name: Blue Raven So | | | | | |
| Address: 1403 North Research W | ay | | | | |
| City/State/ZiP: Orem, UT 84097 | | | | | |
| Phone: 385-482-0045 | Fax: | | | | |
| E-mail: permitting.department@blueravens | E-mail: permitting.department@blueravensolar.com | | | | |
| Electrical lic. no.: c1214 | City or me | ro lic.: 5869S | | | |
| Supervising electrician Samuel Collier signature, required: | | | | | |
| Print name: Samuel Collier | <i></i> | Date: 08/27/2019 | | | |
| Authorized signature: | yy de | | | | |
| Print name: Jeff Lee | V | Date: 08/27/2019 | | | |

| Renewable energy installation per system total | Items | Each | lotai |
|--|--------------|--------|-----------|
| 5 kva or less (2) | 1 | 81.14 | |
| 5,01 to 15 kva (2) | | 115.83 | |
| 15.01 to 25 kva (2) | | 137.89 | |
| 25.01 kva and over (2) | | 229.34 | |
| Miscellaneous fees, hourly rate | | 80.00 | |
| Each additional inspection (1) (OAR 918-309-0070) | | 81.14 | |
| · "我们就是我们的,我们就是这个大大的,我们就是一个人,我们就是我们的一个人,我们就是我们的一个人,我们就是我们的一个人,我们就是我们的一个人,我们就是我们的 | TOTALS | Re | calculate |
| << Check box if plan review is required. | | total | 0.00 |
| Plan review required for syst at 25% of Subtotal. No 12% s review fee. (2 | surcharge on | plan | |
| State surcharge (12% of permit fee) | | | 0.00 |
| TOTAL | L PERMIT | FEE | \$0.00 |

This permit application expires If a permit is not obtained within 180 days after it has been accepted as complete

Form B70-1005

REV 10/17

\$129.73



12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222

BeavertonOregon.gov

| E USE ONLY |
|------------------------|
| Permit No.: B2019-3890 |
| <u> </u> |
| Payment Type: |
| |

| ☐ New construction | ☐ Addition/alte ☐ Other: So | ration/replacement | |
|---|--------------------------------|---|--|
| | CATEGORY OF | | |
| ■ 1- and 2-family dwelling | ☐ Commercial/ | | ☐ Accessory building |
| ☐ Multi-family | ☐ Other: | | |
| j. I | OB SITE INFORMAT | ION AND LOCA | TION |
| Job no.: | Job address: | | MALHON TO THE STATE OF THE STAT |
| City/State/ZIP: 423 NortI | hwest 174th Terra | ace, Beavertor | n, OR 97006 |
| Suite/bldg./apt. no.: | | Project name: | |
| Cross street/directions to job s | site: | | |
| Subdivision: | | Lot no.: | |
| Tax map/parcel no.: 1N131 | ICD00300 | | |
| | DESCRIPTIO | N OF WORK | |
| Reside | ntial rooft | op solar | PV 4.34 k w |
| ☐ PROPERTY | OWNER | | ☐ TENANT |
| Name: | | | |
| Address: | | | |
| City/State/ZIP: | | | |
| Phone: | | Fax; | |
| E-mail: | | | |
| Owner installation: This insta | | on property that I o | own, which is not intended for |
| sale, lease, rent, or exchange. Owner signature: | • | | Date: |
| Owner signature. | | CONTRACTOR | |
| | CONTRA | CTOR | |
| Business name: Blue Rave | | -FWM | |
| Address: 1220 S 630 E | | | *************************************** |
| City/State/ZIP: American | Fork, UT 84003 | | |
| Phone: 385-482-0045 | | Fax: | MINOR MANAGEMENT AND AND AND AND AND AND AND AND AND AND |
| E-mail: permitting.department@ | @blueravensolar.com | CCB lic, no.: 21 | |
| Electrical lic. no.: C1214 | | City or metro lic. | :5869S |
| Supervising electrician signature, required: | senuel (pl | lly | |
| Print name: Samuel Coll | ier | | Date: 09/09/2019 |
| Authorized signature: | Ans Lo | | |
| Print name: | # 7 coc | | Date: |
| | leff Lee | | 09/09/2019 |

| FEE SO | CHEDULE | | | |
|---|-----------------|-------------|------|--------|
| Number of inspections per item () Renewable energy installation per system total | No. of Items | Cos Eacl | | Total |
| 5 kva or less (2) | 1 | 81. | 14 | |
| 5.01 to 15 kva (2) | | 115. | 83 | |
| 15.01 to 25 kva (2) | | 137. | 89 | |
| 25.01 kva and over (2) | | 229. | 34 | |
| Miscellaneous fees, hourly rate | | 80.0 | 00 | • |
| Each additional inspection (1) (OAR 918-309-0070) | | 81. | 14 | |
| FEET | elculate | | | |
| Check box if plan review is require | total | | 0.00 | |
| Plan review required for syste at 25% of Subtotal. No 12% so review fee. (25) | urcharge on | plan | | |
| State surcharge (12% of permit fee) | | | | 0.00 |
| TOTAL PERMIT FEE | | | | \$0.00 |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Form B70-1005

REV 10/17

\$90.88



Electrical Permit Application
12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

BeavertonOregon.gov

| OFFICE USE ONLY | | | | | |
|-----------------|-----------------------|--|--|--|--|
| Date Received: | Rermit Nor5 2019-3897 | | | | |
| Date Issued: | | | | | |
| | Payment Type: | | | | |

| | TYPE C | F WORK | |
|--|--|--|---|
| New construction | . ∠ Addition/alte | ration/replacement | |
| | The second of the second second second second | CONSTRUCTION | |
| ☐ 1- and 2-family dwelling ☐ Multi-family | Commercial Master build | | Accessory building Other: |
| | JOB SITE INFORMA | | |
| Job no.: | Job address: ∠ | 117 Su | 11710 |
| City/State/ZiP: | | | 97225 |
| Suite/bldg./apt. no.: | | Project name: | |
| Cross street/directions to job | site: | | |
| Subdivision: | | Lot no.; | |
| Tax map/parcel no.: | | • | |
| | | N OF WORK | |
| Replace ex | (1sting) | YVAC VI | net |
| ☐ PROPERTY | OWNER | | ☐ TENANT |
| Name: | | | |
| Address: | | | |
| City/State/ZIP: | | | |
| Phone: | , | Fax: | |
| E-mail: | | | |
| | | | |
| Owner installation: This inst sale, lease, rent, or exchange | | on property that I own | n, which is not intended for |
| |). | on property that I ow | n, which is not intended for |
| sale, lease, rent, or exchange |). | | |
| sale, lease, rent, or exchange Owner signature: |). | | Date; |
| sale, lease, rent, or exchange Owner signature: APPLICATION |). | | Date; |
| sale, lease, rent, or exchange Owner signature: APPLICA Business name: |). | | Date; |
| sale, lease, rent, or exchange Owner signature: APPLICA Business name: Contact name: |). | | Date; |
| sale, lease, rent, or exchange Owner signature: APPLICA Business name: Contact name: Address: |). | | Date; |
| sale, lease, rent, or exchange Owner signature: APPLICA Business name: Contact name: Address: City/State/ZIP: |). | □ co | Date; |
| sale, lease, rent, or exchange Owner signature: APPLIC Business name: Contact name: Address: City/State/ZIP: Phone: |). | □ co | Date; |
| sale, lease, rent, or exchange Owner signature: APPLIC Business name: Contact name: Address: City/State/ZIP: Phone: | ANT | □ co | Date; |
| sale, lease, rent, or exchange Owner signature: APPLICA Business name: Contact name: Address: City/State/ZIP: Phone: E-mail: | ANT | Fax: Siness Company of the second of the se | Date; |
| sale, lease, rent, or exchange Owner signature: APPLICA Business name: Contact name: Address: City/State/ZIP: Phone: E-mail: Business name: | ANT | Fax: Siness C | Date: |
| sale, lease, rent, or exchange Owner signature: APPLIC Business name: Contact name: Address: City/State/ZIP: Phone: E-mail: Business name: Address: | ANT | Fax: Siness C | Date: ONTACT PERSON Fley PL |
| sale, lease, rent, or exchange Owner signature: APPLIC Business name: Contact name: Address: City/State/ZIP: Phone: E-mail: Business name: Address: City/State/ZIP: Phone: F-mail: City/State/ZIP: City/State/ZiP: City/State/ZiP: City/State/ZiP: City/State/ZiP: City/State/ZiP: City/State/ZiP: City/State | ANT | Fax: ETOR Siness & One fe DR 97 Fax: | Date: ONTACT PERSON Fley PL |
| sale, lease, rent, or exchange Owner signature: APPLIC. Business name: Contact name: Address: City/State/ZIP: Phone: E-mail: Business name: Address: City/State/ZIP: Phone: Phone: Phone: Phone: Address: ANT | Fax: ETOR Siness & One fe DR 97 Fax: | Date: Date: Ditact Person They Put 2225 |
| sale, lease, rent, or exchange Owner signature: APPLICA Business name: Contact name: Address: City/State/ZIP: Phone: E-mail: Business name: Address: 905 City/State/ZIP: Portact Phone: 977/563 E-mail: | ANT | Fax: CTOR SIMESS G Monte DR 9; Fax: CCB lic. no.: / | Date: Date: Ditact Person They Put They Put |
| sale, lease, rent, or exchange Owner signature: APPLIC. Business name: Contact name: Address: City/State/ZIP: Phone: E-mail: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: City/State/ZIP: Phone: City/State/ZIP: NT | Fax: CTOR SIFESS G Mon fe OR 9 Fax: CCB lic. no.: / City or metro lic.: | Date: NITACT PERSON May Play Play 188996 |
| sale, lease, rent, or exchange Owner signature: APPLIC. Business name: Contact name: Address: City/State/ZIP: Phone: E-mail: Business name: Address: 90 9 City/State/ZIP: Por 44 Phone: 97/ 5 6 3 E-mail: Electrical lic. no.: 9 Supervising electrician signature, required: | contraction of the contraction o | Fax: CTOR SIFESS G Mon fe OR 9 Fax: CCB lic. no.: / City or metro lic.: | Date: INTACT PERSON Fley PL 7 225 |

| | Payment Type: | | | | |
|---|---|---|----------------------|-------------------|---------------------------------------|
| | PLAN | REVIEV | v | | |
| Please check all that apply Service or feeder 400 or more Fire pump Emergency system Addition of new motor load of 100HP or more Six or more residential u Health-care facilities Hazardous locations | vice or feed ding over inas and b ating buildi nmercial-u dings allation of 19 arately deriv "E," "1-2," "1- reational v | ngs se agricultura 50 KVA or larg | al | | |
| | FEE SC | | 1 | Mariana (Mariana) | |
| Description | ·lii fami | Qty. | Fee | Total | , , , , , , , , , , , , , , , , , , , |
| Residential single- or mu Includes attached garage | | ly awe | ling unit | | |
| 1,000 sq. ft. or less | | | 194.64 | | 4 |
| Ea. add'l 500 sq. ft. or port | lon | | 34.77 | | |
| Limited energy, residen | tiai | | 46.42 | | 2 |
| (with above sq. ft.) Limited energy, multi-far | nilv | | | | +_ |
| residential (with above s | q. ft.) | | 91.72 | <u> </u> | 2 |
| Services or feeders insta | llation, | alterati | | ···· | 46540 |
| 200 amps or less | ····· | | 115.83 | | 2 |
| 201 amps to 400 amps | | | 137.89 | | 2 |
| 401 amps to 600 amps | | | 229.34 | | 2 |
| 601 amps to 1,000 amps | | | 299.93 | | 2 |
| Over 1,000 amps or volts | | | 690.22 | | 2 |
| Utility reconnect Temporary services or ferelocation | eders ir | nstallat | 91.72 ion, altera | tion, and/or | 1 |
| 200 amps or less | | | 91.72 | | 2 |
| 201 amps to 400 amps | | | 127.41 | | 2 |
| 401 amps to 600 amps | | | 184.11 | | 2 |
| 601 amps to 1,000 amps | | | 225.29 | | 2 |
| Branch circuits – new, al | teration | , or ext | | er panel | |
| A. Fee for branch circuits was above service or feeder each branch circuit | | | 4.26 | | 2 |
| B. Fee for branch circuits without service or feed first branch circuit | er fee, | 1 | 81.14 | G1:14 | 2 |
| Each add'l branch circuit | | | 4.26 | | |
| Miscellaneous (service o | | not lno | cluded) | | |
| Each manufactured or mod | | | 91.72 | | 2 |
| dwelling, service, and/or fe Pump or irrigation circle | eder . | | 91.72 | | 2 |
| Sign or outline lighting | | | 91.72 | | 2 |
| Signal circuit(s) or limited-e panel, alteration, or extension. Describe: | energy | | 91.72 | | 2 |
| Each additional inspection over allowable in any of the above | | | | | |
| Per inspection | | | 81.14 | | |
| Investigation fee | | | | | |
| Other: | | | | | |
| Electrical permit fees | | | | | |
| | SUBT | OTAL | | | 0.00 |
| Plan review (25% of permit fee) | | | | | |
| | | | | 0.00 | |
| TOTAL PERMIT FEE | | | IT FEE | \$0 | 1.00 |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Number of inspections allowed per permit.
Form B70-1002

REV 10/17



Electrical Permit Application
Community Development
PO Box 4755, Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
Internet address: www.BeavertonOregon.gov

| OFFICE | USE ONLY |
|----------------|-------------------------|
| Date Received: | Permit No. 15 2079-3883 |
| Date Issued: | 外.人 |
| | Payment Type: |

| • | | | | | | |
|--|----------|--|-----------------|---------------------------------|----------------------------------|----------|
| | | THE STATE OF THE S | REVI | EWAS T | | |
| | | Please check all that apply: | | | der over 600 | |
| ☐ New construction ☐ Addition/alteration/replacement ☐ Other: | | Service or feeder 400amps or more | | | r three storie boatyards | s |
| CATEGORY OF CONSTRUCTION TO SEE | | ☐ Fire pump | ☐ F.I | oating buil | dings | |
| | | ☐ Emergency system | | ommercial illdings | use agricult | ıral |
| 1 - and 2-family dwelling | | Addition of new motor load of 100HP or more | | | 150 KVA or la | ırger |
| (C) Write-tentiny | | Six or more residential units | SE | parately de | rived system | |
| 100 SITE INFORMATION AND LOCATIONS | 闡 | ☐ 'Health-care facilities ☐ Hazardous locations | | | "i-3" occúpano i vehicie park | |
| Job no.: Job address: (1823 5(1) 5)55 (1) | | I hazarrous locatoris | I — `- | | | |
| 01-10-1-17-10- Ro :-0.700 AR 0.700 R: | | Description | Qty | ALCOHOL: NAME OF TAXABLE PARTY. | Total | * |
| City/State/ZIP: 1300 VEV Ton Of 9) (000 | ┨ | Residential single commulti-for | | - 1 | | 雹 |
| Suite/bldg./apt. no.: Project name: | 4 | Dincludes sattached garage : El | | 160.4 | on the second | |
| Cross street/directions to job site: | l | 1,000 sq. ft, or less Ea, add'l 500 sq. ft, or portion | + | 28.6 | | |
| Subdivision: Lot no.; | \dashv | Limited energy, residential | | 38.2 | в 0.0 | 0 2 |
| | \dashv | (with above sq. ft.) Limited energy, multi-family | <u> </u> | 75,6 | 3 ' 0.0 | 00 2 |
| Tax map/parcel no.: | | residential (with above sq. ft.) Sarylces on feeders installation | | tionsendi | nexalocatio | |
| DESCRIPTION OF WORK | 圖/ | 7 | <u>ृत्याकाङ</u> | 95.5 | | |
| Chonese the Existing tedevol Pocific Por | e/ | 200 amps or less | ++ | 113.6 | | + |
| With new one | 1 | 401 amps to 600 amps | | 189.10 | | |
| 5 PROPERTY OWNER | | 601 amps to 1,000 amps | | 247.3 | | ю 2 |
| A STATE OF ENGINEERING TO THE STATE OF THE S | 7 | Over 1,000 amps or volts | | 569.13 | | 0 2 |
| Name: | _ | Utility reconnect | 1 | 76,68 | 0.0 | 10 1 |
| Address: | | Temporary services of teaders. | install | tion alte | atton and) | |
| City/State/ZIP: | | relocation and services 200 amps or less | | 75,63 | 0.0 | 0 2 |
| Phone: Fax: | 7 | 201 amps to 400 amps | | 106,06 | 0.0 | 0 2 |
| Phone: rax: | - | 401 amps to 600 amps | | 151.81 | 0.00 | |
| E-mail: | 1 | 601 amps to 1,000 amps | | 185.76 | | |
| Owner installation: This installation is being made on property that I own, which is not intended for | | Branchelreuls, Tew, allocation | i, or ex | tenslon; | oof panel | |
| sale, lease, rent, or exchange. | | A. Fee for branch circuits with above service or feeder fee, | | 3,51 | 0.00 | 5 |
| Owner signature; Date: | | each branch circuit | | _ | | 2 |
| TO ARPHICANIE TO CONTACT PERSON | | B. Fee for branch circuits without service or feeder fee, | | 66,90 | 0.00 | اد |
| I CONTACT PERSON | 4 | first branch circuit | | | | 2 |
| Business name: |] [| Each add'i branch circuit | Ĺ | 3.51 | 0.00 |) |
| Contact name: | | Miscellaneous (service or feede | noLin | cluded) | | |
| | 11 | Each manufactured or modular dwelling, service, and/or feeder | | 75,63 | 0.00 | 2 |
| Address: | ┤ | Pump or irrigation circle | | 75.63 | 0.00 | 2 |
| City/State/ZIP: | | Sign or outline lighting | | 75.63 | 0,00 | . 2 |
| Phone: Fax: | | Signal circuit(s) or limited-energy panel, alteration, or | | • | | |
| F-mail: | | extension. Describe: | ٠. | 75,63 | 0.00 | 2 |
| CONTRACTOR | die | Each additional inspection | | | | |
| GUNIRACION | | overallowable intany of the | | | | |
| Jusiness name: ABS Electric ILC | | alibyo | | 00.00 | | \vdash |
| ddress: 752 Divi Sim St | - | Per Inspection Investigation fee | | 66.90 | | |
| ily/state/ZIP: Orean Cty OK 07045. | - | Other: | | | | |
| hone: 57) \$ \$82-7/7 £. Fax: | | Electrical permit feet | | | | Щ |
| -mail: 5 2 100 SQ 50 CCB lic. no.: 1508 14 | _ | SUBTO | | | 0.00 | |
| lectrical lic. no.: $2/3 - 12/3$. City or inpetro lic.: | L | Plan review (25% o | | | <u> </u> | |
| upervising electrician | | State surcharge (12% o | | | 0,00 | 4 |
| gnature, required: | L | TOTAL-F | ERMI | TFEE | \$0.00 | |
| int name: (GOR G F G HA) S Date: | <u> </u> | This permit application expires if | a perm | it is not o | btained with | in |
| | | 180 days after it has been | accep | rea as cor | ilhiere ~ | ` |

* Number of inspections allowed per permit.

Form B70-1002

Commercial Electrical Authorization To Begin Work 05350-BEL-19-00801

Approval Code: 060541 9/13/2019 6:42 am

E-mailed To: kenc@kecelectric.com

| | 12725 SW Milikan Way |
|----|---|
| | Beaverton, OR 97076 |
| 31 | Phone: 503-526-2542 |
| | พ Email: cunderwood@beaverlonoregon.gov |

| ☐ New Construction | Addition/afteration/replacement |
|--|--|
| | OF CONSTRUCTION |
| 1 or 2 family dwelling Multi-fa | NAMES DANGED STREET, S |
| | VIATION AND LOCATION |
| Job Address: 4900 SW / | Savnows #104 |
| City/State/ZIP: BEAVERTON, OR 97005 | |
| Suite/bldg./apt.no.: 100 | |
| Project Name: Crumble-PR | |
| Cross Street/directions to job site: | |
| Tax map/parcel no.: 1S116AA08700 | |
| DESCRIF | PTION OF WORK |
| 14900 SW Barrows Rd #104 Beaverton, O 15-BC | r |
| | PPLICANT |
| Name: Kenneth Conway | |
| Phone: 503-439-0904 | Fax: 503-640-3838 |
| Email: | |
| COI | NTRACTOR |
| Elec lic. no.: 34-426C | CCB lic. no.: 99267 |
| Business Name: KEC ELECTRIC INC | |
| Contact: | |
| Address: 761 SW BAILY AVE | |
| City/State/ZIP: HILLSBORO, OR 97123 | |
| Phone: 5034390904 | Fax: 5036403838 |
| Email: kenc@kecelectric.com | |
| Metro lic. no.: | City lic. no.: |
| Supervising Electrician's lic. no.: | |
| Supervising Electrician's Name: | - |
| Number of inspections included in paid : Residential Service: 4 Reconnect Only: 1 All Other Services: 2 | services: |

| | *** | | | | | | | | | | *********** | | | |
|-------|---------|-------|------------|-------|---------|---------|---------------|--------|-----------|------|-------------|----------|----|-------|
| pon | review | and | approval | bу | your | local | jurisdiction, | your | permit | will | be | e-mailed | or | faxed |
| ithin | one hue | inacc | day with I | nefri | uctions | s on ho | w to schedule | vour i | inspectio | m. | | | | |

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and vold if it does not meet applicable land use laws and local ordinances.

| PLAN | REVIEW | | |
|--|---------|-----------------------------------|-------------|
| Please check all that apply: | Haza | rdous location | าธ |
| A service or feeder beginning at 400 Amps where the | haran-d | vice or feeder amps or more | rated at |
| available fault current exceeds 10,000 Amps at 150 Volts or | | ings more tha | |
| less to ground exceeds 14,000 Amps for all other | | nas and boat y ing buildings | /ards |
| Fire pumps | Com | mercial-use a | gricultural |
| Emergency systems Addition of a new motor load | Laurel | llation of a 15 r seperately d | |
| of 100 HP or more | | 'E", or "I-2" or | • |
| Six or more residential units in one structure | Recr | eational Vehic | de Parks |
| Health care facilities | | oly voltage for supply volts n | |
| FEE Š | CHEDULE | | |
| Description | Qty. | Ea. | Total |
| Branch circuits | | | |
| Branch circuits without service or feeder | 1 | \$81.14 | \$81,14 |
| Branch circuits each additional circuit without service | 14 | \$4.26 | \$59.64 |
| Electrical Permit Fees | | | |
| Subtotal | | | \$140.78 |
| State surcharge (12% of permit | | | \$16.89 |
| total) | | | |

12725 SW Milikan Way Beaverton, OR 97076 Phone: 503-526-2542

Beaverton Phone: 503-526-2542

Remail: cunderwood@beavertonoregon.gov

Commercial Electrical Authorization To Begin Work

05350-BEL-19-00802 Approval Code: 52594G 9/13/2019 10:17 am

E-mailed To: margaret@accurateelectricor.com

| PLAN F | EVIEW | | | | |
|---|--------------------------|--|--|--|--|
| Please check all that apply: | Hazardous | s locations | | | |
| A service or feeder beginning at 400 Amps where the | A service 600 amps | or feeder rated at or more | | | |
| available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | | more than three stor and boat yards outdings | | | |
| Fire pumps | - | cial-use agricultural | | | |
| Emergency systems Addition of a new motor load of 100 HP or more | larger sep | n of a 150 KVA or perately derived sys or "I-2" or "I-3" | | | |
| Six or more residential units in one structure | Recreation | Recreational Vehicle Parks Supply voltage for more than | | | |
| Health care facilities | 600 supply volts nominal | | | | |
| | HEDULE | Ea. Total | | | |
| Description Services or feeders | Qty. | ca. Total | | | |
| Services 200 amps or less | 1 \$ | 115.83 \$115.83 | | | |
| Electrical Permit Fees | | | | | |
| Subtotal | | \$115.83 | | | |
| State surcharge (12% of permit total) | | \$13.90 | | | |
| TOTAL PERMIT FEE | | \$129.73 | | | |

| TYPE OF WORK |
|--|
| New Construction |
| CATEGORY OF CONSTRUCTION |
| 1 or 2 family dwelling Multi-family Commercial Accessory |
| JOB SITE INFORMATION AND LOCATION |
| Job Address: 11790 SW 13TH ST |
| City/State/ZIP: BEAVERTON, OR 97005 |
| Suite/bldg./apt.no.: |
| Project Name: 20-2237 Carson Strand |
| Cross Street/directions to job site: |
| Tax map/parcel no.: 1S115CD09100 |
| DESCRIPTION OF WORK |
| Change service panel |
| APPLICANT |
| Name: margaret Sweo |
| Phone: 503-631-3507 Fax: 503-631-3544 |
| Email: |
| CONTRACTOR |
| Elec lic. no.: C637 CCB lic. no.: 191345 |
| Business Name: ACCURATE ELECTRIC OF OREGON INC |
| Contact: |
| Address: PO BOX 2155 |
| City/State/ZIP: OREGON CITY, OR 97045 |
| Phone: 5036313507 Fax: 5036313544 |
| Email: margaret@accurateelectricor.com |
| Metro lic. no.: |
| Supervising-Electrician's lic. no.: |
| Supervising Electrician's Name: |
| Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 All Other Services: 2 |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.



15036427925

Electrical Permit Application
12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

BeavertonOregon.gov

| OFFICE | USE ONLY |
|------------------------|----------------------|
| Date Received: | Permit No. 4019-38+0 |
| Date issued: Oliva Nom | 19/ |
| 1110(01) | Payment Type: |

| | TYPE OF WORK |
|--|--|
| ☐ New construction ☐ | Addition/elteration/replacement |
| | Tother: |
| | Commercial/industrial |
| ☐ Multi-family | Master builder Diher: |
| | INFORMATION AND LOCATION |
| | ress: 5225 SW Laurelwood Ave. |
| City/State/ZIP: Portland, OR S | 77225 |
| Suite/bidg./apt. no.: | Project name: Drake 7 Dees |
| Cross street/directions to Job site: | |
| Subdivision: | Lot no.: |
| Tex map/percel no.: | |
| D | ESCRIPTION OF WORK |
| Circuit for new water feature | The state of the s |
| · | |
| PROPERTY OWNER. | E TENANTOS |
| | |
| Address: | |
| City/State/ZIP: | |
| Phone. | Fax: |
| E-mai(; | |
| Owner installation: This installation is be | eing made on property that I own, which le not intended for |
| sale, lease, rent, or exchange. Owner signature: | |
| | |
| Business name: Garner Electric | CONTACT PERSON |
| | |
| Third Cart Hally S | |
| Address: 2920 SE Brookwood A | |
| Otty/State/ZiP: Hillsboro, OR 9712 | ······································ |
| Phone: (503) 648-4552 | Fax: (503) 642-7925 |
| -mail: andreap@garnerelectric | |
| | CONTRACTOR |
| Business name: Garner Electric | |
| ddress: 2920 SE Brookwood A | ve. Ste #A |
| ity/state/ZIP: Hillsboro, OR 9712 | 23. |
| hone: (503) 648-4552 | Fax: (503) 642-7925 |
| -mail: andreap@gamerelectric | |
| ectrical flc. no.: 34-305C | City or metro (ic.; 4410 |
| upervising electrician gnature, required: | - MA |
| int name: Charles Garner | 00/40/40 |
| | Phillips |
| A - street Patricks | |
| nt name: Andrea Phillips | n ₂₄₀ , 09/10/19 |

| | _ | | | | |
|--|---------------------------------------|---------------------|--------------------------|---|---|
| Piggag chook all that | N.RE | VIE | W. The | Details in | |
| I I I I DO DO O LI CON RN TURE SUDDIA: | 1111 | Ser | VICE OF IS | eder over 80 | enent (1 |
| Service or feeder 400amp | a 🗖 | 8ui | tding ev | er three sto | ries Rein |
| or more | | Ma | ne senn | d boatvards | |
| Fire pump Emergency system | | Flo | alling bu | ildings | |
| Addition of new motor | | ÇQ | umercia | il-use agricu | illural |
| load of 100HP or more | ļ | | dings | S d T m A A a a | |
| Six or more residential units | ٦ | sen. | asogy() () Bradely de | f 150 KVA or ≅fved systen | rarger |
| ☐ Health-care facilities | | "A," | 'E,""-2," | ``i-3" оссиоа | ncv |
| Hezerdous locations | | | | | |
| The second to the second secon | SCHE | DLH | 医蜂涎 | 2 mg | No Maria |
| | | | | | 1 |
| Residential single, or motters | mily d | wel | ing pini | e#a.~ | |
| 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | | | A 145 | | × ; ; |
| 1,000 sq. ft. or less | | | 194.6 | 4 | 4 |
| Ea. add't 500 sq. ft, or portion | | | 34.7 | 7 | |
| Limited energy, residential | \neg | 一 | | | +- |
| (with above eq. it.) Limited energy, multi-family | | | 46.42 | 4 | 2 |
| realdential (with above sq. ft.) | | ļ | 91,72 | 2 | 2 |
| pitallation or feeders installation | ————————————————————————————————————— | <u>ا</u> را (نه) | | | |
| 200 amps or less | 11 (11 | | | | *************************************** |
| 201 amps to 400 amps | — | | 115.8 | | _ 2 |
| | _ | | 137.89 | | 2 |
| 401 amps to 600 amps | | | 229.34 | | 2 |
| 601 amps to 1,000 amps | _! | | 299.93 | 3 | 2 |
| Over 1,000 amps or volts | | - 10 | 690.22 | 2 | 2 |
| Ullity reconnect | | 7 | 91.72 | 1 | |
| Temporary services or feeders | Instal | huit | n, alcer | allon/end/ | or i |
| TONOGRAPHICAL SECTION SECTION 1 | | <u> </u> | Acres 1 | £2.7₹ | |
| 200 amps or less | | ᆚ | 91.72 | <u>L</u> | 2 |
| 201 amps to 400 amps | ľ | - [7 | 127,41 | | 2 |
| 401 ampa to 600 amps | T | | 84.11 | *************************************** | 2 |
| 601 amps to 1,000 amps | | | 25.29 | - | $\frac{1}{2}$ |
| Branch circuits - new, alteratio | D. or e | xtei | relon n | Dr Kállat " : | |
| A. Fee for branch circuits with | 1 | | - tetti b | at hallen | · · · |
| above service or feeder fee. | | | 4.26 | ļ | 2 |
| 8. Fee for branch dircuit | ╄— | ╧ | ~~ | | |
| without service or feeder fee | 1 | Ι, | B1.14 | 04.44 | ا ً ا |
| first branch circuit | ' | 1 |) 1, 14 | 81.14 | 2 |
| Each add'i branch circuit | 1.2 | 1 | 4,26 | .,_, | 1 |
| Miscellaneous (service or feede | r not li | iř. Di | Nedi ^(S) | 144 y 181 2.3 | 10 B |
| Each tuauniacitited of modifiet | ĵ. | 1 | j | 39.287, 1345, | 70 77 |
| dwelling, service, and/or feeder | | 1 8 | 1.72 | | 2 |
| Pump or infgation circle | | 9 | 1.72 | | 2 |
| Sign or outline lighting | | | 1.72 | | 2 |
| Signal circuit(s) or limited-energy | | † | | | - |
| panel, siteration, or | | 1 0 | 1.72 | | . |
| extension, Describe; | | | 11.72 | | 2 |
| Banarata Files | | ⊢ | ─ ┼ | . | \square |
| Each additional inspection cor allowable in any of the | | | Ì | | |
| above | | | - 1 | | |
| Per inspection | · | <u> </u> | | | |
| | | 8 | 1.14 | | |
| Investigation fee | | | | | [|
| Other; | | | | | |
| Electrical permit fees | 7 | | | | |
| SUBTO | TAL | -W2. | | | .14 |
| 71 | | | | . 0 | . 1** |
| Plan review (25% (| _ | | | | [|
| State surcharge (12% d | of pern | nit f | (SĐ | t | .74 |
| | | | | | |
| TOTAL P | CKM | TF | EE | \$90 | .88 |

This parmit application expires if a permit is not obtained within 180 days after it has been accepted as complete Number of Inspections allowed per permit.



Electrical Permit Application 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 V/TDD

| OFFICE | USE ONLY |
|----------------|--------------------------|
| Date Received: | Permit No.: 5 10 9 - 386 |
| Date Issued: | NA. |
| | Payment Type: |

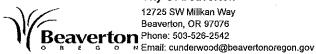
| | BeavertonUregon.gov | | | | | | |
|--|--|----------------|--|--|----------------------------|--------------------------|-------------|
| TYPE OI | WORK | | PLAN | REVIEW | ٧ | | |
| | relion/replacement | | ease check all that apply: | | | et over 600 a | • |
| ☐ Other: | <u>'</u> | ╽╽╙ | Service or feeder 400amps or more | | ding over ti inas and b | hree stories natvards | 5 |
| CATEGORY OF | CONSTRUCTION |] D | and the second s | | iting buildir | | |
| ☐ 1- and 2-family dwelling ☐Commercial/ | industrial Accessory building | 1 🛚 | ~ , , | | | se agricultu | ral |
| ☐ Multi-family ☐ Master builde | | | Addition of new motor load of 100HP or more | | dings allation of 15 | 0 KVA or lar | ranr |
| | ION AND LOCATION | 0 | | | arately deriv | | Pei |
| | | | | | | 3" occupano | |
| Job no.: 190737 Job address: 80 | 70 EUMID WE EP(| | | | | ehicle park: | 5 |
| City/State/ZIP: Decreton | Or 97008 | | FEE SC Description | Qty. | Fee | Total | 1045544 |
| Suite/bidg./apt. no.: | Project name: NW 300ct | | sidentlal single- or multi-fam cludes attached garage | lly dwel | ling unit | | |
| Cross street/directions to job site: | ryhoto | | 000 sq. ft. or less | ļ | 185.37 | | 4 |
| Subdivision: | Lot no.: | | . add'i 500 sq. ft, or portion Limited energy, residential | | 33,11 | | + |
| | | 1 L_ | (with above sq. ft.) | | 44.21 | | 2 |
| Tax map/parcel no.: | | . | Limited energy, multi-family | 1 | 87.35 | | 2 |
| DESCRIPTION | N OF WORK | Se | residential (with above sq. ft.) Irvices or feeders installation | allerat | op. and/o | r relocation | 1 h |
| INSTITUTE 200 AND | Danel C | 1 | 0 amps or less | | 110.31 | | 2 |
| 30 Amo twist lock | \" | 1 | 1 amps to 400 amps | + | 131.32 | | 2 |
| PROPERTY OWNER | ⊠ TENANT | -l | 1 amps to 600 amps | | 218.42 | | 2 |
| E PROFESTI OMIES | Tel an anti- | .l | 1 amps to 1,000 amps | + | 285.65 | | 2 |
| Name: North West | Doots thought | [| er 1,000 amps or volts | - | 657.35 | | 2 |
| Address: 9092 5 5 6 | 7 00 011 | | ility reconnect | | 87.35 | | 1 |
| <u> </u> | cua Dr. | I I | mporary services or feeders | i Installa | | tion, and/c | 1 |
| City/State/ZIP: | <u>oc 92008</u> | re | location | | | | |
| Phone: | Fax: | } | 0 amps or less | ļ | 87.35 | | 2 |
| | | ı ⊢ | 1 amps to 400 amps | | 121.34 | | 2 |
| E-mail: | | -∤ } | 1 amps to 600 amps | ļ | 175.34 | | 2 |
| Owner Installation: This installation is being made | on properly that I own, which is not intended for | l 1 | 1 amps to 1,000 amps | | 214.56 | | 2 |
| sale, lease, rent, or exchange. | , , - | · - | anch circuits – new, alteratio | n, or ex | lension, p | er panel | 10-21-29T |
| Owner signature: | Date: | A. | Fee for branch circuits with above service or feeder fee. | | 4.06 | l | |
| □ APPLICANT | CONTACT PERSON | | each branch circuit | 7 | 4,00 | <u> </u> | 2 |
| A CALVANIA DE LA CALVANIA DEL CALVANIA DEL CALVANIA DE LA CALVANIA | 53 CONTACT FERSON | В, | Fee for branch circuits without service or leeder fee. | | 77.28 | ! | |
| Business name: | | ┨ <u>├</u> | first branch circuit | ļ | | | 2 |
| Contact name: | | | ich add'i branch circuit | 1 | 4.06 | Avecadas Nation | Street Gert |
| Address: | | | scellaneous (service or feedo ich manufactured or modular | rnot in | cluded) | <u>Tanamana a</u> | |
| | | _ | relling, service, and/or feeder | | 87.35 | i | 2 |
| City/State/ZIP: | | Pi | imp or imigation circle | | 87.35 | | 2 |
| Phone: | Fax: | 56 | gn or outline lighting | | 87.35 | | 2 |
| E-mail: | | Si | gnal circuit(s) or limited-energy | | | | |
| CONTRAC | STOR CONTROL OF THE STATE OF TH | | panel, alteration, or extension, Describe; | | 87.35 | | 2 |
| Business name: Steele Ele | -ctriz | | ch additional inspection | 1 | | <u>`</u> | \top |
| | rive | | er allowable in any of the ove | | | | |
| City/State/ZIP: Forest Grove, | OR 97116 | 1 | r inspection | | 77.28 | | |
| | | | vestigation fee her: | | | | |
| 303 500 1711 | 307 370 8 110 | _{ | ner: echical permit foes | - | | | |
| E-mall: Service @ nw steele. com | CCB (ic. no.: 186140 | 1 | SUBTOTAL | | | | |
| Electrical lic. no.: 6489 City or motro lic.: 10034 | | | | | | | , |
| Supervising electrician signature, required: | | 1 | Plan review (25% of permit fee) | | | | |
| | | 1 | State surcharge (12% of permit fee) | | | | - |
| Print name: Dar Steele Date: | | 1 L | TOTAL PERMIT FEE | | | | .5 |
| Authorized signature: | | - | is permit application expires 180 days after it has be | en acce | | | zithin |
| Print name: | Date: | | lumber of inspections allowed per pr m 870-1002 | | 10/16 | | |

* Number of Inspections allowed per parall. Form 870-1002

REV IWIS

B2019.3849

City Of Beaverton



12725 SW Milikan Way

Commercial Electrical Authorization To Begin Work 05350-BEL-19-00799

Approval Code: 037724 9/12/2019 9:47 am

E-mailed To: DENNISW@STONERGROUP.COM

| TYPE OF WORK | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| ☐ New Construction ☐ Addition/alteration/replacement | | | | | | | | |
| CATEGORY OF CONSTRUCTION | | | | | | | | |
| 1 or 2 family dwelling Multi-family X Commercial Accessory | | | | | | | | |
| JOB SITE INFORMATION AND LOCATION | | | | | | | | |
| Job Address: 10029 SW NIMBUS AVE | | | | | | | | |
| City/State/ZIP: BEAVERTON, OR 97008 | | | | | | | | |
| Suite/bldg./apt.no.: 230 | | | | | | | | |
| Project Name: PERFORMANCE WELLNESS | | | | | | | | |
| Cross Street/directions to job site: | | | | | | | | |
| Tax map/parcel no.: 1S127DC00600 | | | | | | | | |
| DESCRIPTION OF WORK | | | | | | | | |
| ADD RECEPTACLES & INSTA-HOT IN OFFICE SPACE, SUITE 230 | | | | | | | | |
| | | | | | | | | |
| APPLICANT | | | | | | | | |
| Name: SHAWN WINTERS | | | | | | | | |
| Phone: 5038060767 Fax: 5036594968 | | | | | | | | |
| Email: | | | | | | | | |
| CONTRACTOR | | | | | | | | |
| Elec lic. no.: 26-122C CCB lic. no.: 44823 | | | | | | | | |
| Business Name: STONER ELECTRIC INC | | | | | | | | |
| Contact: | | | | | | | | |
| Address: 1904 SE OCHOCO | | | | | | | | |
| City/State/ZIP: MILWAUKIE, OR 97222 | | | | | | | | |
| Phone: 5034626500 Fax: 5036594968 | | | | | | | | |
| Email: DENNISW@STONERGROUP.COM | | | | | | | | |
| Metro lic. no.: City lic. no.: | | | | | | | | |
| Supervising Electrician's lic. no.: | | | | | | | | |
| Supervising Electrician's Name: | | | | | | | | |
| Number of inspections Included in paid services: Residential Service: 4 Reconnect Only: 1 All Other Services: 2 | | | | | | | | |

| PLAN REVIEW | | | | | | | | | |
|--|---|---|---------|----------|--|--|--|--|--|
| Please check all that apply: | Hazardous locations | | | | | | | | |
| A service or feeder beginning at 400 Amps where the | A service or feeder rated at 600 amps or more | | | | | | | | |
| available fault current exceeds 10,000 Amps at 150 Volts or | Buildings more than three stor Marinas and boat yards | | | | | | | | |
| less to ground exceeds | | | | | | | | | |
| 14,000 Amps for all other | ☐ FI | Floating buildings | | | | | | | |
| Fire pumps | Commercial-use agricultural buildings | | | | | | | | |
| Emergency systems | | Installation of a 150 KVA or | | | | | | | |
| Addition of a new motor load of 100 HP or more | | larger seperately derived sys | | | | | | | |
| Six or more residential units in one structure | "A", "E", or "I-2" or "I-3" Recreational Vehicle Parks | | | | | | | | |
| Health care facilities | | Supply voltage for more than 600 supply volts nominal | | | | | | | |
| FEE SCHEDULE | | | | | | | | | |
| Description | Qt | ty. | Ea. | Total | | | | | |
| Branch circuits | | | | | | | | | |
| Branch circuits without service or feeder | 1 | 1 | \$81.14 | \$81.14 | | | | | |
| Branch circuits each additional circuit without service | | 2 | \$4.26 | \$8.52 | | | | | |
| Electrical Permit Fees | | | | | | | | | |
| Subtotal | | | | \$89.66 | | | | | |
| State surcharge (12% of permit total) | | | | \$10,76 | | | | | |
| TOTAL PERMIT FEE | | | | \$100.42 | | | | | |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances,

B2019-3857

City Of Beaverton

Commercial Electrical Authorization To Begin Work 05350-BEL-19-00798

Approval Code: 113310 9/12/2019 9:33 am

E-mailed To: jfoti@advcomserv.com

12725 SW Milikan Way Beaverton, OR 97076 Phone: 503-526-2542 Mark Email: cunderwood@beavertonoregon.gov

| TYPE OF WO | RK |
|--|---------------------------------|
| ☐ New Construction ∑ | Addition/alteration/replacement |
| CATEGORY OF CONS | TRUCTION |
| 1 or 2 family dwelling Multi-family | Commercial Accessory |
| JOB SITE INFORMATION A | AND LOCATION |
| Job Address: 9600 SW NIMBUS AVE | |
| City/State/ZIP: BEAVERTON, OR 97008 | |
| Suite/bldg./apt.no.: | |
| Project Name: Care Payment | |
| Cross Street/directions to job site: | |
| Tax map/parcel no.: 1S127DD00600 | |
| DESCRIPTION OF | WORK |
| (97) Cat 6 Plus (550 MHZ) Plenum Cable Runs: Includes Cat 6 Plus Plenum Cable, Cat 6 Inserts, Face *** Includes removing old cabling the will not be used | plates & Labor |
| APPLICANT | |
| Name: Joseph Foti | |
| Phone: 503-598-7082 Fax: 5 | 503-598-7320 |
| Email: | |
| CONTRACTO |)R |
| Elec lic. no.: CLE139 CCB lic. | no.: 179445 |
| Business Name: ADVANCED COMMUNICATIONS SI | ERVICES INC |
| Contact: | |
| Address: PO BOX 231196 | |
| City/State/ZIP: PORTLAND, OR 97281 | |
| Phone: 5035987082 Fax: 5 | 5035987320 |
| Email: JFOTI@ADVCOMSERV.COM | |
| Metro lic. no.: City I | lc. no.: |
| Supervising Electrician's lic. no.: | |
| Supervising Electrician's Name: | |
| Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 All Other Services: 2 | |

| Jpon | review | and | approval | by | your | local | jurisdiction, | your | permit | will | þe | e-mailed | or | faxec |
|--------|---------|-------|-------------|------|---------|-------|---------------|--------|----------|------|----|----------|----|-------|
| vithin | one bus | iness | day, with i | nstr | uctions | on ho | w to schedule | your l | nspectio | n, | | | | |

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

| PLAN | REV | IEW | | | | |
|---|-----|---|-------------------------------|-------------|--|--|
| Please check all that apply: | | Hazard | tous location | ıs | | |
| A service or feeder beginning at 400 Amps where the | | | ice or feeder | rated at | | |
| available fault current exceeds 10,000 Amps at 150 Volts or | | | gs more tha | | | |
| less to ground exceeds 14,000 Amps for all other | | | is and boat y ig buildings | ards | | |
| Fire pumps | | Comm | ercial-use aç as | gricultural | | |
| Emergency systems | | Installa | Installation of a 150 KVA or | | | |
| Addition of a new motor load of 100 HP or more | | larger seperately derived sys "A", "E", or "I-2" or "I-3" | | | | |
| Six or more residential units in one structure | | Recreational Vehicle Parks | | | | |
| Health care facilities | Ц | Supply voltage for more tha 600 supply volts nominal | | | | |
| FEE S(| HEI | ULE | | | | |
| Description | | Qty. | Ea. | Total | | |
| Miscellaneous | | | | | | |
| Signal circuit(s) or limited-energy panel, alteration, or extension | | 1 | \$91.72 | \$91,72 | | |
| Electrical Permit Fees | | | de les constitues | | | |
| Subtotal | | | | \$91.72 | | |
| State surcharge (12% of permit total) | | | | \$11.01 | | |
| TOTAL PERMIT FEE | | | | \$102.73 | | |

City Of Beaverton

12725 SW Milikan Way Beaverton, OR 97076 eaverton Phone: 503-526-2542 **Commercial Electrical Authorization To Begin Work**

05350-BEL-19-00800 Approval Code: 212144 9/12/2019 10:44 am

E-mailed To: hillaryp@cepdx.com

| | , no see see strong on gov |
|---|-----------------------------------|
| TYPE C |)F WORK |
| New Construction | X Addition/alteration/replacement |
| CATEGORY OF | CONSTRUCTION |
| 1 or 2 family dwelling Multi-family | Commercial Accessory |
| JOB SITE INFORMA | TION AND LOCATION |
| Job Address: 4050 SW 139TH WAY | · . |
| City/State/ZIP: BEAVERTON, OR 97005 | • |
| Suite/bldg./apt.no.: | |
| Project Name: 50A Buck Boost | |
| Cross Street/directions to job site: | |
| Tax map/parcel no.: 1S116BA00600 | |
| DESCRIPTION | ON OF WORK |
| Install buck boost xfmr on 50a outlet ckt | |
| | |
| APPI | ICANT |
| Name: Capitol Electric | |
| Phone: 5032559488 | Fax: 5032577121 |
| Email: | |
| CONTR | ACTOR |
| Elec lic. no.: 26-496C C | CB lic. no.: 48748 |
| Business Name: CAPITOL ELECTRIC CO INC | , |
| Contact: | |
| Address: 11401 NE MARX ST | |
| City/State/ZIP: PORTLAND, OR 972201041 | |
| Phone: 5032559488 | Fax: 5032551966 |
| Email: DARRELL@CEPDX.COM | |
| Metro lic. no.: | City lic. no.: |
| Supervising Electrician's lic. no.: | |
| Supervising Electrician's Name: | |
| | |

| | | | p@cepdx.co |
|---|-----------------------------|--|--------------------------|
| PLAN | REVIEW ® | | |
| Please check all that apply: | Hazar | dous location | ons |
| A service or feeder beginning at 400 Amps where the | | rice or feed mps or more | |
| available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other Fire pumps Emergency systems Addition of a new motor load | Marini Floatii Comn buildir | as and boating buildings nercial-use angs | agricultural |
| of 100 HP or more Six or more residential units in one structure Health care facilities | Recre | :", or "l-2" o ational Vehi voltage for apply volts r | cle Parks r more than |
| FEE S | CHEDULE | ippiy voits i | iomina |
| Description | 1 | _ | |
| | Qty. | Ea. | Total |
| | Qty. | Ea. | Total |
| Branch circuits Branch circuits without service or | Qty. | \$81.14 | |
| Branch circuits Branch circuits without service or feeder | | | 1-10 ² -1110 |
| Franch circuits Branch circuits without service or feeder Rectrical Permit Fees | | | \$81.1 |
| Branch circuits Branch circuits without service or feeder Electrical Permit Fees Subtotal State surcharge (12% of permit total) | | | \$81.1 |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Number of Inspections included in paid services:

1

2

Residential Service: Reconnect Only:

All Other Services:

B2019-3850

City Of Beaverton



12725 SW Millkan Way Beaverton, OR 97076 Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

Commercial Electrical Authorization To Begin Work 05350-BEL-19-00797

Approval Code: 005083 9/12/2019 8:50 am

E-mailed To: crogers@diversifiedus.com

| I C Nov. Constructive | TYPE OF WORK |
|--|--|
| New Construction | Addition/alteration/replacement |
| CAT | EGORY OF CONSTRUCTION |
| 1 or 2 family dwelling | Multi-family Commercial Accessory |
| | INFORMATION AND LOCATION |
| Job Address: 15950 SW MILLI | KAN WAY |
| City/State/ZIP: BEAVERTON, O | PR 97006 |
| Suite/bldg./apt.no.: | |
| Project Name: PD7327 The Por | tland Clinic |
| Cross Street/directions to Job s | ilte: |
| Tax map/parcel no.: 1S1080 | CD00700 |
| | DESCRIPTION OF WORK |
| AV install, display and video con | ferencing system |
| | |
| | APPLICANT |
| Name: CHRISTOPHER ROGER | S |
| Phone: 5036015543 | Fax: |
| | |
| Email: | |
| Email: | CONTRACTOR |
| Email: Elec lic, no.: CLE527 | CONTRACTOR CCB lic. no.: 213697 |
| | CCB lic. no.: 213697 |
| Elec lic, no.: CLE527 | CCB lic. no.: 213697 |
| Elec lic, no.: CLE527 Business Name: ONE DIVERSIF | CCB lic. no.: 213697 |
| Elec lic. no.: CLE527 Business Name: ONE DIVERSIF Contact: | CCB lic. no.: 213697 FIED LLC PARKWAY |
| Elec lic. no.: CLE527 Business Name: ONE DIVERSIF Contact: Address: 2975 NORTHWOODS | CCB lic. no.: 213697 FIED LLC PARKWAY |
| Elec lic, no.: CLE527 Business Name: ONE DIVERSIF Contact: Address: 2975 NORTHWOODS City/State/ZIP: NORCROSS, GA | CCB lic. no.: 213697 FIED LLC PARKWAY 30071 |
| Elec lic, no.: CLE527 Business Name: ONE DIVERSIF Contact: Address: 2975 NORTHWOODS City/State/ZIP: NORCROSS, GA Phone: 7704471001 Email: | CCB lic. no.: 213697 FIED LLC PARKWAY 30071 |
| Elec lic, no.: CLE527 Business Name: ONE DIVERSIF Contact: Address: 2975 NORTHWOODS City/State/ZIP: NORCROSS, GA Phone: 7704471001 | CCB lic. no.: 213697 FIED LLC PARKWAY 30071 Fax: City lic. no.: |
| Elec lic. no.: CLE527 Business Name: ONE DIVERSIF Contact: Address: 2975 NORTHWOODS City/State/ZIP: NORCROSS, GA Phone: 7704471001 Email: Metro lic. no.: | CCB lie, no.: 213697 FIED LLC PARKWAY 30071 Fax: City lie, no.: |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

| PLAN REVIEW | | | | | | | |
|---|--------|----------------------------------|---------------|--|--|--|--|
| Please check all that apply: | ☐ Ha: | ardous locati | ons | | | | |
| A service or feeder beginning at 400 Amps where the | | ervice or feed amps or mor | | | | | |
| available fault current exceeds 10,000 Amps at 150 Volts or | ☐ Bui | dings more th | an three stor | | | | |
| less to ground exceeds | Ma | inas and boat | t yards | | | | |
| 14,000 Amps for all other | ☐ Flo | ating buildings | 3 | | | | |
| Fire pumps | | nmercial-use dings | agricultural | | | | |
| Emergency systems Addition of a new motor load of 100 HP or more Six or more residential units in | Inst | allation of a 1 | 50 KVA or | | | | |
| | larg | er seperately | derived sys | | | | |
| | ☐ "A", | "A", "E", or "I-2" or "I-3" | | | | | |
| one structure | Red | Recreational Vehicle Parks | | | | | |
| Health care facilities | | ply voltage fo supply volts r | | | | | |
| FEESO | HEDUL | | | | | | |
| Description | Qty | Ea. | Total | | | | |
| Limited Energy | | | | | | | |
| Stand-alone limited energy, commercial | 1 | \$91.72 | \$91,72 | | | | |
| Electrical Permit Fees | | | | | | | |
| Subtotal | | | \$91,72 | | | | |
| State surcharge (12% of permit total) | | | \$11.01 | | | | |
| TOTAL PERMIT FEE | | | \$102.73 | | | | |



Melissa Stock

Print name:

Electrical Permit Application
12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222

| | OFFICE | USE ONLY |
|----------------|------------|------------------------|
| Date Received; | KECEIVED | Permit No.: B2019-1255 |
| Date Issued: | 9-13-19 | By: MIL |
| | 03/28/2019 | Payment Type: Chuk |

| | Beavert | tonOregon.gov | — CIT | ٧c | E Di Alesa I | | | | |
|--|-----------------------|-------------------------------|----------|--------------|---|--------------|---------------------------------------|--|-------|
| ТҮРЕ | OF WORK | | , R | | E BEAVERTONIAN | REVIE | N | | |
| | Iteration/replaceme | nt | | ('Pie | and other man representations of the second | □ Ser | vice or feede | er over 600 am | ps |
| Other: | | | | ш | Service or feeder 400amps or more | | iding over the | hree stories oatvards | |
| CATEGORY C | F CONSTRUCTIO | N | | 1 = | Fire pump | | ating buildin | | |
| ☑ 1- and 2-family dwelling ☐ Commerc | lal/industrial | Accessory building | | <u> </u> | Emergency system Addition of new motor | | mmercial-us Idinos | se agricultural | I |
| ☐ Multi-family ☐ Master bu | ilder | Other: | | | load of 100HP or more | 1 | | i0 KVA or large | ir. |
| JOB SITE INFORM | ATION AND LOC | ATION | | | Six or more residential units Health-care facilities | 1 | arately derive | ed system 3" occupancy | |
| Job no.: Job address: | 47044 0\0 | / D - 44 1 1 | | | Hazardous locations | | | ehicle parks | |
| City/State/ZIP: BEAVERTON, OR 97 | | Dotterel Lane | | ys, 56. | ······································ | CHEDUI | · · · · · · · · · · · · · · · · · · · | je je wateri. | 10.00 |
| | | | | Pas | Description idential single- or multi-fam | Qty. | Fee | Total | - |
| Suite/bldg./apt. no.: | Project name: | | | | udes attached garage | | | | |
| Cross street/directions to job site: 175TH AV | E AND SW BA | ARROWS RD | | | 10 sq. ft. or less | 1 | 194.64 | | 4 |
| Subdivision: SOUTH COOPER MT | Lot no.: 168 | | | | add'i 500 sq. ft, or portion imited energy, residential | 15 | 34.77 | 46.40 | 2 |
| Tax map/parcel no.: | | | | | with above sq. ft.) imited energy, multi-family | 1 | 46,42 | 46.42 | |
| DESCRIPT | ON OF WORK | | | re | esidential (with above sq. ft.) | <u></u> | 91.72 | | 2 |
| A STATE OF THE STA | TO THE MATERIAL | | | | rices or feeders installation | | | | |
| NEW CONSTRUCTION | | | | | amps or less | 1 1 | 115.83 | 115.83 | 2 |
| | ud – Vijeksiaa dikaan | | | | amps to 400 amps | | 137.89 229.34 | | 2 |
| PROPERTY OWNER | | ☐ TENANT | | | amps to 600 amps amps to 1,000 amps | | 299.93 | | 2 |
| Name: SK HOFF CONSTRUCTION | | | <u> </u> | | 1,000 amps or volts | + | 690.22 | | 2 |
| Address: 735 SW 158TH AVE | | | | Utilii | y reconnect | 1 | 91.72 | | 1 |
| City/State/ZIP: BEAVERTON, OR 9700 | 6 | | | | porary services or feeders cation | instaliai | ion, alterat | tion, and/or | |
| Phone: (503) 641-7342 | Fax: (503) 6 | 41-7661 | | ************ | amps or less | | 91.72 | | 2 |
| | 1 (000) 0 | | | 201 | amps to 400 amps | | 127.41 | | 2 |
| E-mail: sguerrero@arborhomes.com | | | | | amps to 600 amps | ļ | 184.11 | | 2 |
| Owner installation: This installation is being mad | e on property that I | own, which is not intended fo | ır | | amps to 1,000 amps | | 225.29 | - I | 2 |
| sale, lease, rent, or exchange. | | Date: 01/29/19 | | | nch circuits – new, alteration se for branch circuits with | ii, or exi | ension, pe | r paner | |
| Owner signature: | | Date:Date: | | a | oove service or feeder fee, ach branch circuit | | 4.26 | | 2 |
| | | CONTACT PERSON | | B. F | ee for branch circuits | 1 | | | |
| Business name: SK HOFF CONSTRUC | CTION | | 11 | | Ithout service or feeder fee, st branch circuit | | 81.14 | | 2 |
| Contact name: SANDRO GUERRERO | | | | | add'I branch circuit | | 4.26 | 3 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1 | |
| Address: 735 SW 158TH AVE | | | | | ellaneous (service or feede manufactured or modular | r not in | T | 54 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | - |
| | | ***** | ——— L | | ling, service, and/or feeder | | 91.72 | | 2 |
| City/State/ZIP: BEAVERTON , OR 9700 |)6 | | [| Pum | p or irrigation circle | | 91.72 | | 2 |
| Phone: (503) 319-6963 | Fax: (503) 6 | 41-7661 | | | or outline lighting | ļ | 91.72 | | 2 |
| E-mail: sguerrero@arborhomes.com | | | | p | al circuit(s) or limited-energy anel, alteration, or | | 91.72 | | 2 |
| CONTR | ACTOR | | | e | dension, Describe: | | 31.12 | | • |
| Business name: Garner Electric | | | | | additional inspection | | | | |
| Address: 2920 SE BROOKWOOD A\ | /E STE A | | | abov | allowable in any of the | | | | |
| | | | —— | Peri | nspection | - | 81.14 | | |
| City/State/ZIP: HILLSBORO, OR 9712 | 3 | | | inves | ligation fee | | | | |
| Phone: (503) 648-4552 | Fax: | | | Othe | | | | | |
| -mell: melgarner@garperelectric.co | CCB lic. no.: | 121159 | | Elec | rical permit fees | CTAL | <u> </u> | 460 | - 21 |
| Electrical lic. no.: 34-395C | City or metro lic. | : 4410 | - - | ······ | | OTAL | mil foo | 162 | .4: |
| Supervising electricity Supervision electricity Supervision electricity Supervision electricity Supervision electricity Supervision electricity Supervision electricity Supervision electricity Supervision electricity Supervision electricity Supervision electricity Supervision electricity Supervision electricity Supervision electricity Supervision electricity Supervision electricity Supervision electricity Superv | | | | | Plan review (25% | ••••• | | | |
| Chuck Garner | | Date: 01/29/19 | - | | State surcharge (12% | | | 19. | |
| Print name: CHUCK Garriel | | Date: 01/28/18 | L | | | | IT FEE | \$181 | |
| Authorized signature: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | | This | permit application expires | if a perr | nit is not o | btained with | m |

Date: 01/29/19

180 days after it has been accepted as complete
* Number of inspections allowed per permit.

REV 10/17

404.70



Electrical Permit Application 12725 SW Millikan Way / PO Box 4755

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 V/TDD BeavertonOregon.gov

| | | OFF | (C)E IIJ | ISE OME | | | |
|----------------|----------|---------|----------|---------------|------|-----------------------------------|------|
| Date Received: | 10 - | 25-l | 8 | Permit No.; ' | BROI | 8-4 | 91,3 |
| Date Issued: | α | | | $M \supset 1$ | | - Mary market vojetare san a Casa | |
| | oparity. | 13 20 4 | 1 | Payment Ty | Det | energy general re-card | |

| ТҮР | E OF WORK | | | | | |
|--|--|--|--|--|--|--|
| ☐ New construction ☐ Addition/alteration/replacement | | | | | | |
| CATEGORY | OF CONSTRUCTION | | | | | |
| | | | | | | |
| ☐ Multi-family ☐ Master I | ouilder Other: | | | | | |
| | MATION AND LOCATION | | | | | |
| | 103 Sw Wen La | | | | | |
| City/State/ZIP: BEAVERTON OR | | | | | | |
| Suite/bldg.fapt. no.: | Project name: RUSSELL | | | | | |
| Cross street/directions to job site; | | | | | | |
| Subdivision: WESTMONT | Lot no.: 58 | | | | | |
| Tax map/parce! no.: | | | | | | |
| DESCRIP | TION OF WORK | | | | | |
| NEW SINGLE F | AMILY RESIDENCE | | | | | |
| ☐ PROPERTY OWNER | ☐ TENANT | | | | | |
| Name: DR HORTON INC | | | | | | |
| Address: 4380 SW MACADAM | AVE | | | | | |
| City/State/ZIP: PORTLAND OR 9 | 7239 | | | | | |
| Phone: 5032224151 | Fax: | | | | | |
| E-mail: PLANCHECK@DRF | HORTON COM | | | | | |
| Owner Installation: This installation is being ma sale, lease, rent, or exchange. | de on property that I own, which is not intended for | | | | | |
| Owner signature; | Date: | | | | | |
| Business name: SAME AS ABOVE | ☐ CONTACT PERSON | | | | | |
| And is a straight for a second as a support property to the first of a second and support property to the second and the secon | | | | | | |
| Contact name: AMANDA LOVER | RIDGE | | | | | |
| Address; | | | | | | |
| City/State/ZIP: | | | | | | |
| Phone; | Fex. | | | | | |
| E-mail: | | | | | | |
| ······································ | RACTOR | | | | | |
| Business name: Power Line Electric, In | C | | | | | |
| Address 8403 SE Sherrett St | | | | | | |
| City/State/ZIP: Portland, OR 97266 | | | | | | |
| Phone: (971) 645-3807 | Fax: | | | | | |
| E-mail. PowerLineElectric@yahoo.com | CCB lic. no.: 205976 | | | | | |
| Electrical lic. no.: C1099 | City or metro lic.: 11838 | | | | | |
| Supervising electrician signature, regulied: | MINA. | | | | | |
| Print name: Alan Brown | Date: | | | | | |
| Authorized signature: | | | | | | |
| Print name: | | | | | | |

| PLAN | REVIE | W | | nakum faganingan melapa _{alam} | | |
|--|---|---|--|---|--|--|
| Please check all that apply: Service or feeder 400amps | ∏ Se | rvice or fee | eder over 600 r three stori | amps | | |
| or more | II Ma | uiding ove Hinas and | r mree ston: boatvards | 58 | | |
| Fire pump | ☐ Marinas and boatyards ☐ Floating buildings | | | | | |
| ☐ Emergency system ☐ Addition of new motor | | | use agricult | ural | | |
| load of 100HP or more | ldings takativo of | 150 KVA or la | STELOT | | | |
| Six or more residential units | arately de | rived system | | | | |
| D Health-care facilities | 1-3° occupan | cy | | | | |
| ☐ Hazardous locations ☐ Recreational vehicle parks | | | | | | |
| PEE S | CHEDU Ciy, | | | | | |
| Residential single- or multi-fem | | Fee Iling unit | Total | | | |
| Includes attached garage | · | | · | | | |
| 1,000 sq. ft or less | 1 | 168.5 | | 4 | | |
| Ea. add'l 500 sq. ft. or portion Utimited energy, residential | 1 | 30.10 |) | | | |
| (with above sq. ft.) | 1 | 40.19 |) | 2 | | |
| Limited energy, multi-family residential (with above sq. ft.) |] | 79.41 | | 2 | | |
| Services or feeders Installation | , alterat | i ion, end/ | ur relocatio | n | | |
| 200 amps or less | 10 | 100.28 | | 7 2 | | |
| 201 amps to 400 amps | | 119.38 | Contract of the Contract of th | 2 | | |
| 401 amps to 600 amps | Abenius von | 198,56 | | 2 | | |
| 601 amps to 1,000 amps | 1 | 259.68 | 1 | 2 | | |
| Over 1,000 amps or volts | 1 | 597.59 |) | 2 | | |
| Utility reconnect | | 79.41 | | 1 | | |
| Temporary services or feeders i | nstallai | lon, alter | ation, and/o |)ł | | |
| 200 amps or less | 7 | 70.41 | 1 | 1. | | |
| 201 amps to 400 amps | | 79.41 110.31 | ļ | 2 | | |
| 401 amps to 600 amps | | 159.40 | | 2 | | |
| 601 amps to 1,000 amps | | 195.05 | | 1 2 | | |
| Branch circuits – new, alteration | LOVEY | | | | | |
| A. Fee for branch circuits with | 1 | 01101011, p | 1 | 1 | | |
| above service or feeder fee, | | 3.69 | | | | |
| each branch circuit B. Fee for branch circuits | ļ | | 4 / ` francis and a | 2 | | |
| Without service or feeder fee, | | 70.25 | | | | |
| first branch circuit | | | | | | |
| Each add'i branch circuit | Ĺl | 3.69 | <u> </u> | <u></u> | | |
| Miscellaneous (service or feeder Each manufactured or modular | not inc | luded) | r | | | |
| dwelling, service, and/or feeder | | 79,41 | | 2 | | |
| Pump or irrigation circle | | 79.41 | | 2 | | |
| Sign or outline lighting | | 79.41 | 7977 eril / 1 | 2 | | |
| Signal circuit(s) or limited-energy panel, afteration, or | | | | | | |
| extension Describe: | | 79.41 | | 2 | | |
| Each additional inspection | | | ~ | | | |
| over allowable in any of the above | | | Third or . | | | |
| Per inspection | | 70.25 | Color and an arrange of the color of the col | | | |
| Investigation fee | | | | | | |
| Other. | | /au/fishia :::::::::::::::::::::::::::::::::::: | manufacture and the district of the same o | | | |
| Electrical permit fees | | | | | | |
| SUBTO | DTAL. | | 0.00 | Ì | | |
| Plan review (25% | of perm | ill fee) | | | | |
| State surcharge (12%) | of perm | nit fee) | 0.00 | ~~~ | | |
| I JATOT | ~~~~~ | ······································ | \$0.00 | | | |
| IGIPE I | φυ.υυ | . 1 | | | | |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Number of inspections allowed per permit



Electrical Permit Application

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 V/TDD BeavertonOregon.gov

| \Box | E | ~ | L | 71 | 11 | | |
|----------|------------|---|---------|-----|--------|-------------|----|
| ĸ | T-1 | i | - | I١. | / H- | -1' | ì |
| البينيات | carrier in | | THE RES | :80 | Aylen. | er i energi | 60 |

OLUCE MAE OWEA

Date ReceiveNOV 5 2018

Date Issued: 9 3 2019 CITY OF BEAVERTON BUILDING DIVISION

| 0000100-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0 | and the contract of the contra | 20002000 | ~~~~~~~~~~ | 20122500 | .500 |
|---|--|----------|------------|----------|------|
| Permit No.; | BZ012 | ***** | 51 | 9 | ĺ |

Payment Type;

| | and the second s | | | | | |
|--|--|--|--|--|--|--|
| TYPE OF WORK New construction Addition/alteration/replacement | | | | | | |
| ☐ Other: | | | | | | |
| CATEGORY OF CONSTRUCTION | | | | | | |
| ☐ 1- and 2-family dwelling ☐ Commercial/Industrial ☐ Accessory building ☐ Multi-family ☐ Master builder ☐ Other: | | | | | | |
| JOB SITE INFORMATION AND LOCATION | | | | | | |
| Job no.: Job address: \ | Comment of the commen | | | | | |
| City/State/ZIP: BEAVERTON OR | | | | | | |
| Suite/bidg./apt. no.: | Project name: RUSSELL | | | | | |
| Cross street/directions to job site: | | | | | | |
| Subdivision: WESTMONT | Lot no.: 29 | | | | | |
| Tax map/parcel no.: | | | | | | |
| DESCRI | PTION OF WORK | | | | | |
| NEW SINGLE | FAMILY RESIDENCE | | | | | |
| ☐ PROPERTY OWNER | ☐ TENANT | | | | | |
| Name: DR HORTON INC | | | | | | |
| Address: 4380 SW MACADAM | 1 AVE | | | | | |
| City/State/ZIP: PORTLAND OR | 97239 | | | | | |
| Phone: 5032224151 Fax: | | | | | | |
| Phone: 5032224151 | Fax: | | | | | |
| 3032224131 | | | | | | |
| E-mail: PLANCHECK@DR Gwner Installation: This installation is being m | | | | | | |
| E-mail: PLANCHECK@DR | HORTON.COM | | | | | |
| E-mail: PLANCHECK@DR Owner Installation: This installation is being made, lease, rent, or exchange. | HORTON.COM ade on property that I own, which is not intended for | | | | | |
| E-mail: PLANCHECK@DR Cwner Installation: This installation is being masels, lease, rent, or exchange. Owner signature: | HORTON.COM ade on property that I own, which is not intended for Date: CONTACT PERSON | | | | | |
| E-mail: PLANCHECK@DR Owner Installation: This installation is being make, lease, rent, or exchange. Owner signature: | HORTON.COM ade on property that I own, which is not intended for Date: CONTACT PERSON | | | | | |
| E-mail: PLANCHECK@DR Gwner Installation: This installation is being made, lease, rent, or exchange. Owner signature: APPLICANT Business name: SAME AS ABOVI | HORTON.COM ade on property that I own, which is not intended for Date: CONTACT PERSON | | | | | |
| E-mail: PLANCHECK@DR Gwner Installation: This installation is being meale, lease, rent, or exchange. Owner signature: APPLICANT Business name: SAME AS ABOVE Contact name: AMANDA LOVE | HORTON.COM ade on property that I own, which is not intended for Date: CONTACT PERSON | | | | | |
| E-mail: PLANCHECK@DR Owner Installation: This installation is being make, lease, rent, or exchange. Owner signature: APPLICANT Business name: SAME AS ABOVE Contact name: AMANDA LOVE Address: | HORTON.COM ade on property that I own, which is not intended for Date: CONTACT PERSON | | | | | |
| E-mail: PLANCHECK@DR Gwner Installation: This installation is being model, lease, rent, or exchange. Owner signature: APPLICANT Business name: SAME AS ABOVE Contact name: AMANDA LOVE Address: City/State/ZIP: | HORTON.COM ads on property that I own, which is not intended for Date: CONTACT PERSON RIDGE | | | | | |
| E-mail: PLANCHECK@DR Cowner Installation: This installation is being made, lease, rent, or exchange. Owner signature: APPLICANT Business name: SAME AS ABOVE Contact name: AMANDA LOVE Address: City/State/ZIP: Phone: E-mail. | HORTON.COM ads on property that I own, which is not intended for Date: CONTACT PERSON RIDGE | | | | | |
| E-mail: PLANCHECK@DR Cwner Installation: This installation is being made, lease, rent, or exchange. Owner signature: DAPPLICANT Business name: SAME AS ABOVE Contact name: AMANDA LOVE Address: City/State/ZIP: Phone: E-mail. | HORTON.COM ads on property that I own, which is not intended for Date: CONTACT PERSON RIDGE Fax: | | | | | |
| E-mail: PLANCHECK@DR Gwner Installation: This installation is being made, lease, rent, or exchange. Owner signature: APPLICANT Business name: SAME AS ABOVE Contact name: AMANDA LOVE Address: City/State/ZIP: Phone: E-mail. | HORTON.COM ads on property that I own, which is not intended for Date: CONTACT PERSON RIDGE Fax: | | | | | |
| E-mail: PLANCHECK@DR Cwner Installation: This installation is being made, lease, rent, or exchange. Owner signature: APPLICANT Business name: SAME AS ABOVE Contact name: AMANDA LOVE Address: City/State/ZIP: Phone: E-mail. CONT Business name: Power Line Electric, 1 | HORTON.COM ads on property that I own, which is not intended for Date: CONTACT PERSON RIDGE Fax: | | | | | |
| E-mail: PLANCHECK@DR Owner Installation: This installation is being made, lease, rent, or exchange. Owner signature: APPLICANT Business name: SAME AS ABOVE Contact name: AMANDA LOVE Address: City/State/ZIP: Phone: E-mail. CONT Business name: Power Line Electric, I Address: 8403 SE Sherrett St | HORTON.COM ads on property that I own, which is not intended for Date: CONTACT PERSON RIDGE Fax: | | | | | |
| E-mail: PLANCHECK@DR Cowner Installation: This installation is being meale, lease, rent, or exchange. Owner signature: D APPLICANT Business name: SAME AS ABOVE Contact name: AMANDA LOVE Address: City/State/ZIP: Phone: E-mail. CONT Business name: Power Line Electric, 1 Address: 8403 SE Sherrett St City/State/ZIP: Portland, OR 97266 | HORTON.COM ads on preperty that I own, which is not intended for Date: CONTACT PERSON RIDGE Fax: Fax: Fax: | | | | | |
| E-mail: PLANCHECK@DR Cwner Installation: This installation is being male, lease, rent, or exchange. Owner signature: DAPPLICANT Business name: SAME AS ABOVE Contact name: AMANDA LOVE Address: City/State/ZIP: Phone: E-mail. CONT Business name: Power Line Electric, 1 Address: 8403 SE Sherrett St City/State/ZIP: Portland, OR 97266 Phone: (971) 645-3807 | HORTON.COM ads on preperty that I own, which is not intended for Date: CONTACT PERSON RIDGE Fax: Fax: Fax: | | | | | |
| E-mail: PLANCHECK@DR Owner Installation: This installation is being made, lease, rent, or exchange. Owner signature: APPLICANT Business name: SAME AS ABOVE Contact name: AMANDA LOVE Address: City/State/ZIP: Phone: E-mail. CONT Business name: Power Line Electric, I Address: 8403 SE Sherrett St City/State/ZIP: Portland, OR 97266 Phone: (971) 645-3807 E-mail. PowerLineElectric@yahoo.com | HORTON.COM ads on preperty that I own, which is not intended for Date: CONTACT PERSON BRIDGE Fax: RACTOR CCB lic. no.: 205976 | | | | | |
| E-mail: PLANCHECK@DR Gwner Installation: This installation is being made, lease, rent, or exchange. Owner signature: APPLICANT Business name: SAME AS ABOVE Contact name: AMANDA LOVE Address: City/State/ZIP: Phone: E-mail. CONT Business name: Power Line Electric, 1 Address: 8403 SE Sherrett St City/State/ZIP: Portland, OR 97266 Phone: (971) 645-3807 E-mail. PowerLineElectric@yahoo.con Etectrical lic. no.: C1099 Supervising electrician | HORTON.COM ads on preperty that I own, which is not intended for Date: CONTACT PERSON BRIDGE Fax: RACTOR The CCB lic. no.: 205976 | | | | | |
| E-mail: PLANCHECK@DR Owner Installation: This installation is being made, lease, rent, or exchange. Owner signature: DAPPLICANT Business name: SAME AS ABOVE Contact name: AMANDA LOVE Address: City/State/ZIP: Phone: E-mail. CONT Business name: Power Line Electric, 1 Address: 8403 SE Sherrett St City/State/ZIP: Portland, OR 97266 Phone: (971) 645-3807 E-mail. PowerLineElectric@yahoo.col Etectricat lic. no.: C1099 Supervising electrician signature, required: | HORTON.COM ads on property that I own, which is not intended for Date: CONTACT PERSON RIDGE Fax: RACTOR CCB lic. no.: 205976 City or metro lic.: 11838 | | | | | |

| | | ···· | | |
|---|--|---|--|-------|
| PLAN | HEVIE | W | Medican sedican haristonia analysis de la constitución de la constituc | |
| Please check all that apply: | III Se | vice or fee | der over 600 | ame: |
| Service or feeder 400amps | | | three storie | |
| or more | | | boatyards | |
| Fire pump | | ating build | | |
| ☐ Emergency system | | | use agricult | ural |
| Addition of new motor | bui | dings | | |
| load of 100HP or more | □ Ins | lakaton of | 150 KVA or la | erger |
| Six or more residential units | 981 | erately de | ived system | |
| Health-care facilities | LL A, | "E,""1-2," | 1-3" occupan | ⊃γ |
| ☐ Hazardous locations | LJ Ke | creational | vehicle pari | (B |
| FEE SI | CHEDU | LE | | |
| Description | Cky, | Fee | Total | |
| Residential single- or multi-tam includes attached garage | lly dwe | iling unit | | |
| 1,000 eq. ft or less | 7 - | 168.5 | 51 | 4 |
| Ea. add't 500 sq. ft. or portion | 5 | 30.10 | | |
| Limited energy, residential | - | 1 | *************************************** | |
| (with above sq. ft.) | | 40.19 | <u> </u> | 12 |
| Limited energy, multi-family residential (with above sq. ft.) | | 79,41 | | 2 |
| Services or feeders installation, | alterat | i lon, and/ | or relocatio | n |
| 200 amps or less | * | 100.28 | - | 7 2 |
| | | | | |
| 201 amps to 400 amps | | 119.38 | | . 2 |
| 401 amps to 600 amps | | 198.56 | 5 | 2 |
| 601 amps to 1,000 amps | | 259.68 | | 2 |
| Over 1,000 emps or volts | 1 | 597.59 | | 2 |
| Utility reconnect | 1 | 79.41 | | 1 |
| Temporary services or feeders i | l natellat | | ation and/ | |
| relocation | a les tes tres | non, anci | enon, and |) į |
| 200 amps or less | | 79.41 | | 2 |
| 201 amps to 400 amps | 1 | 110.31 | 1 | 2 |
| 401 amps to 600 amps | | 159.40 | | 2 |
| | | *************************************** | | |
| 601 amps to 1,000 amps | J | 195.05 | £ | 1.2 |
| Branch circuits – new, alteration | , or ext | ension, p | er panol | |
| A. Fee for branch circuits with | į | | | |
| above service or feeder fee, | 1 | 3.69 | | |
| each branch circuit B. Fee for branch circuits | | | ļ | 2 |
| without service or feeder fee, | | 70.25 | | |
| first branch circuit | Į | 70.23 | İ | 2 |
| Each add'l branch circuit | | 3.69 | | 1 |
| Miscellaneous (service or feeder | not Inc | | l | _L |
| Each manufactured or modular | | 79,41 | <u> </u> | 1 2 |
| dwelling, service, and/or feeder | | | The days the same and | |
| Pump or irrigation circle | | 79.41 | | 2 |
| Sign or outline lighting | | 79.41 | | 2 |
| Signal circuit(s) or limited-energy | i 1 | | | |
| panel, alteration, or extension Describe | | 79.41 | | 2 |
| extension peschar | | | |]] |
| Each additional inspection | | | | 1 1 |
| over allowable in any of the | | | | |
| above | | | | |
| Per inspection | | 70.25 | | · |
| | | 10.2.0 | | ┨ |
| Investigation fee | | *************************************** | | |
| Other: | | | | 11 |
| Electrical permit fees | l | . w | | |
| SUBTO | JATC | · | 0.00 | |
| Plan review (25% | ofper | nil feat | emoni maryo programa addisirini | |
| | | | BITTO PARTE A CHIBAI PAYATEA ES | |
| State surcharge (12% | of pern | nit fee) | 0.00 | |
| TOTAL PERMIT FEE \$0.00 | | | | |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

1 Number of inspections allowed per permit



Renewable Electrical Energy Permit **Application**

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222 BeavertonOregon.gov

| | | · | ###################################### |
|--|-------------------------|---------------------------------------|--|
| | | | |
| ☐ New construction | Addition/alte | eration/replacement | |
| | CATEGORY OF | CONSTRUCTION | |
| 1- and 2-family dwelling Multi-family | ☐ Commercial ☐ Other: | /industrial [| Accessory building |
| | JOB SITE INFORMA | TION AND LOCA | TION |
| Job no.: | Job address: \\ | 350 SW | Cordinal Terr. |
| City/State/ZIP: Beau | | | 47008 |
| Suite/bldg/apt, no.; | | | ES- Majia |
| Cross street/directions to job | site: | <u> </u> | J. 1 |
| | | | |
| Subdivision: | | Lot no.: | |
| Tax map/parcel no.: | | | i. |
| | DESCRIPTIO | N OF WORK | |
| 12.94 km pr | | | |
| ☐ PROPERTY | OWNER | | ☐ TENANT |
| Name: OScar | Mesia | | |
| Address: 11350 | Sw Can | Winal i | ナン・レ |
| | urten o | | |
| | 7357 | | |
| E-mail: | 1221 | 1 | |
| Owner installation; This ins | tallation is being made | on property that I o | wn, which is not intended for |
| sale, lease, rent, or exchange |) . | | |
| Owner signature: | | | Date: |
| | · | CTOR | · |
| Business name: Clack | canas t | Electric | |
| Address: PO 3 | x 51 | · · · · · · · · · · · · · · · · · · · | |
| City/State/ZIP: Bleve | rcrein | or a | 7 7004 |
| Phone: 503.632.2 | 420 | Fax: | |
| E-mail: office Oclach | maselectric | CCB lic. no.: | 161923 |
| Electrical lic. no.: 3-60 | COA. | City or metro lic.: | |
| Supervising electrician signature, required: | JA (- | 3 | |
| Print name: 6cm H/ | Johnsten | | Date: |
| Authorized signature: | W Gallan | | vais. |
| numbricon signature; /4 | ACT AND DO | ~~ ~~ | -11 |

| OFFIC | E USE ONLY |
|----------------------|------------------------|
| Date Received: | Permit No.: B2019-3852 |
| Date Issued: 10 2015 | BW |
| | Payment Type: |

| FEE SC | HEDULE | 4 | | | |
|---|-----------------|-------|---------------|--------|--|
| Number of inspections per item () Renewable energy installation per system total | No. of items | Cos | | Total | |
| 5 kva or less (2) | | 81.14 | | | |
| 5.01 to 15 kva (2) 1 15.83 | | | | | |
| 15.01 to 25 kva (2) 137.89 | | | | | |
| 25.01 kva and over (2) 229,34 | | | | | |
| Miscellaneous fees, hourly rate | | 80. | 00 | | |
| Each additional inspection (1) | | 81. | 14 | | |
| FEE TO | OTALS | 观影 | 52 6 4 | | |
| Check box if plan review is required | | total | | 0.00 | |
| Plan review required for system at 25% of Subtotal. No 12% su review fee. (25 | rcharge on | plan | | | |
| State surcharge (12 | % of permi | fee) | | 0.00 | |
| TOTAL | PERMIT | FEE | ~===== | \$0.00 | |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Form B70-1005

\$129.73

B 2019-3841

City Of Beaverton

12725 SW Milikan Way Beaverton, OR 97076 Beaverton Phone: 503-526-2542

Commercial Electrical Authorization To Begin Work 05350-BEL-19-00796

Approval Code: 01230G 9/11/2019 3:47 pm

E-mailed To: michelle@gocreativelighting.com

| | TYPE OF WORK |
|---|---|
| New Construction | Addition/alteration/replacement |
| 0 | CATEGORY OF CONSTRUCTION |
| 1 or 2 family dwelling | ☐ Multi-family ☒ Commercial ☐ Accessory |
| JOB : | SITE INFORMATION AND LOCATION |
| Job Address: 4970 SW G | RIFFITH DR |
| City/State/ZIP: BEAVERTO | N, OR 97005 |
| Suite/bldg./apt.no.: 100 | |
| Project Name: First Respon | nse/ I Watch Communications |
| Cross Street/directions to | job site: |
| Tax map/parcel no.: 15 | S115BD04501 |
| | DESCRIPTION OF WORK |
| LED - Addition/Alternation/t | Replacement |
| | |
| ing a second a triang | APPLICANT |
| Name: Michelle Whiting | |
| Phone: 5038200222 | Fax: |
| Email: | |
| | CONTRACTOR |
| Elec lic. no.: C1277 | CCB lic. no.: 202492 |
| Business Name: CREATIV | /E LIGHTING SOLUTIONS INC |
| Contact: | |
| Address: 17700 SW UPPE | R BOONES FERRY RD #140 |
| City/State/ZIP: PORTLAND |), OR 97224 |
| Phone: 5038200222 | Fax: |
| Email: MBERNARDS@CL | SNW.COM |
| Metro lic. no.: | City lic. no.: |
| Supervising Electrician's I | iic. no.: |
| Supervising Electrician's I | Name: |
| Number of Inspections Inc Residential Service: Reconnect Only: All Other Services: | cluded in paid services: 4 1 2 |
| | |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

| PLAN | REV | IEW | 0.00 | | | |
|--|------|---|------------------------------|----------|--|--|
| Please check all that apply: | | Hazaro | dous location | ns | | |
| A service or feeder beginning at 400 Amps where the | | A service or feeder rated at 600 amps or more | | | | |
| available fault current exceeds 10.000 Amps at 150 Volts or | | Buildings more than three stor | | | | |
| less to ground exceeds | | Marina | is and boat y | /ards | | |
| 14,000 Amps for all other | | Floatin | g buildings | | | |
| Fire pumps | | Commercial-use agricultural buildings | | | | |
| Emergency systems | | Installa | ation of a 15 | 0 KVA or | | |
| Addition of a new motor load of 100 HP or more | | larger seperately derived sys "A", "E", or "I-2" or "I-3" | | | | |
| Six or more residential units in one structure | | Recreational Vehicle Parks | | | | |
| Health care facilities | | | voltage for pply volts no | | | |
| FEE'S | CHEE |)ULE | | | | |
| Description | | Qty. | Ea. | Total | | |
| Branch circuits | | | | - 6 | | |
| Branch circuits without service or feeder | | 1 | \$81.14 | \$81.1 | | |
| Electrical Permit Fees | | | | | | |
| Subtotal | | | | \$81.1 | | |
| State surcharge (12% of permit total) | | | | \$9.7 | | |
| TOTAL PERMIT FEE | | | | \$90.88 | | |

Commercial Electrical Authorization To Begin Work

05350-BEL-19-00794 Approval Code: 00439G 9/11/2019 10:52 am

E-mailed To: office@ericolsonelectricinc.com

PLAN REVIEW

City Of Beaverton

12725 SW Milikan Way Beaverton, OR 97076

Email: cunderwood@beavertonoregon.gov

| | [7] A 1 [8] 4 [6 6 6 6 1 |
|---|--|
| ■ New Construction | Addition/alteration/replacement |
| | CATEGORY OF CONSTRUCTION |
| 1 or 2 family dwelling | ☐ Multi-family ☐ Commercial ☐ Accessory |
| 200000000000000000000000000000000000000 | SITE INFORMATION AND LOCATION |
| Job Address: 8565 SW | BEAVERTON HILLSDALE HWY |
| City/State/ZIP: BEAVER | ON, OR 97225 |
| Sulte/bldg./apt.no.: | |
| Project Name: 19-2264 | |
| Cross Street/directions t | o job site: |
| Tax map/parcel no.: | 1S114AD00100 |
| | DESCRIPTION OF WORK |
| Moving existing 100 amp | feeder, reconnecting (2) units, & a service plug |
| Name: eric olson | APPLICANT |
| TRUTTO, ONO OIGON | |
| | |
| Phone: 3602581849 | Fax: 3602581859 |
| Phone: 3602581849 Email: | Fax: 3602581859 |
| | Fax: 3602581859 CONTRACTOR |
| | |
| Email: | CONTRACTOR CCB lic. no.: 179408 |
| Email: Elec lic. no.: 37-1053C | CONTRACTOR CCB lic. no.: 179408 |
| Elec IIc. no.: 37-1053C Business Name: ERIC C | CONTRACTOR CCB lic. no.: 179408 LSON ELECTRIC INC |
| Email: Elec lic. no.: 37-1053C Business Name: ERIC C Contact: | CONTRACTOR CGB lic. no.: 179408 LSON ELECTRIC INC EL DELL AVE PMB#432 |
| Email: Elec Iic. no.: 37-1053C Business Name: ERIC C Contact: Address: 10013 NE HAZ | CONTRACTOR CGB lic. no.: 179408 LSON ELECTRIC INC EL DELL AVE PMB#432 |
| Email: Elec lic. no.: 37-1053C Business Name: ERIC C Contact: Address: 10013 NE HAZ City/State/ZIP: VANCOU | CONTRACTOR CCB lic. no.: 179408 LSON ELECTRIC INC EL DELL AVE PMB#432 VER, WA 98685 Fax: 3602581859 |
| Email: Elec lic. no.: 37-1053C Business Name: ERIC C Contact: Address: 10013 NE HAZ City/State/ZIP: VANCOU Phone: 3602581849 | CONTRACTOR CCB lic. no.: 179408 LSON ELECTRIC INC EL DELL AVE PMB#432 VER, WA 98685 Fax: 3602581859 |
| Email: Elec lic. no.: 37-1053C Business Name: ERIC C Contact: Address: 10013 NE HAZ City/State/ZIP: VANCOU Phone: 3602581849 Email: office@ericolsone | CONTRACTOR CCB lic. no.: 179408 LSON ELECTRIC INC EL DELL AVE PMB#432 VER, WA 98685 Fax: 3602581859 lectricinc.com City lic. no.: |
| Email: Elec Iic. no.: 37-1053C Business Name: ERIC C Contact: Address: 10013 NE HAZ City/State/ZIP: VANCOU Phone: 3602581849 Email: office@ericolsone Metro Iic. no.: | CONTRACTOR CCB lic. no.: 179408 LSON ELECTRIC INC EL DELL AVE PMB#432 VER, WA 98685 Fax: 3602581859 dectricinc.com City lic. no.: |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

| | | g.mesonegadasye | | | |
|--|----------------|--------------------------------|-----------------------------|---------------------|--|
| Please check all that apply: | ᆜ | | lous locatio | | |
| A service or feeder beginning at 400 Amps where the | Ц | | ce or feede nps or more | | |
| available fault current exceeds 10,000 Amps at 150 Volts or | | Buildings more than three stor | | | |
| less to ground exceeds | | Marina | s and boat | yards | |
| 14,000 Amps for all other | | Floatin | g buildings | | |
| Fire pumps | | Commo | ercial-use a gs | gricultural | |
| Emergency systems | | Installa | tion of a 15 | i0 KVA or | |
| Addition of a new motor load | _ | larger s | seperately (| derived sys | |
| of 100 HP or more | | "A", "E | "A", "E", or "I-2" or "I-3" | | |
| Six or more residential units in one structure | | Recreational Vehicle Parks | | | |
| Health care facilities | | | voltage for pply volts n | more than ominal | |
| FEE/SO | HEL | ULE | | | |
| Description | | Qty. | Ea. | Total | |
| Services or feeders | | | | | |
| Services 200 amps or less | | 1 | \$115.83 | \$115.83 | |
| | SUPPLY SERVICE | | | | |
| Branch circuits | | | | | |
| Branch circuits Branch circuits with service or feeder each circuit | | 3 | \$4.26 | \$12.78 | |
| Branch circuits with service or | | 3 | \$4.26 | \$12.78 | |
| Branch circuits with service or feeder each circuit | | 3 | \$4.26 | \$12.78 \$128.61 | |
| Branch circuits with service or feeder each circuit Electrical Permit Fees | | 3 | \$4.26 | | |

B2019-3838

Commercial Electrical Authorization To Begin Work

05350-BEL-19-00795 Approval Code: 037083 9/11/2019 2:37 pm

E-mailed To: cacey.chapman@ecpowerslife.com

PLAN REVIEW

| | | | | | | City Of Beaverton |
|---|---|----|----|---|-----|---------------------------------------|
| 1 | | - | | | | 12725 SW Milikan Way |
| 1 | | • | | | | Beaverton, OR 97076 |
| / | В | ea | Ve | r | ton | Phone: 503-526-2542 |
| • | Ö | R | E | G | 0 1 | Email: cunderwood@beavertonoregon.gov |
| | | | | | | |

| | TYPE OF WORK |
|--|-------------------------------------|
| New Construction | Addition/alteration/replacement |
| CAT | EGORY OF CONSTRUCTION |
| 1 or 2 family dwelling | Multi-family X Commercial Accessory |
| JOB SITE | INFORMATION AND LOCATION |
| Job Address: 14600 SW MUR | RAY SCHOLLS DR |
| City/State/ZIP: BEAVERTON, C | PR 97007 |
| Suite/bldg./apt.no.: | |
| Project Name: Volta WG #6370 | |
| Cross Street/directions to job s | ite: |
| Tax map/parcel no.: 1S132i | DA00800 |
| Temperatus as I | DESCRIPTION OF WORK |
| Install (1) feeder and 125a panel | and (2) EV charging stations |
| | |
| | APPLICANT |
| Name: Cacey Chapman | |
| Phone: 5032285737 | Fax: |
| Email: | |
| | CONTRACTOR |
| Elec lic. no.; 26-45C | CCB lic. no.; 49737 |
| Business Name: EC COMPANY | |
| Contact: | |
| Address: PO BOX 10286 | |
| City/State/ZIP: PORTLAND, OR | 97296 |
| Phone: 5032243511 | Fax: 5032953012 |
| Email: clndyb@e-c-co.com | |
| Metro lic. no.: | City lic. no.; |
| Supervising Electrician's lic. no | .: |
| Supervising Electrician's Name: | |
| Number of inspections included Residential Service: 4 Reconnect Only: 1 All Other Services: 2 | in pald services: |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

| Please check all that apply: | Hazar | dous location | ons | | | |
|--|---|------------------------|---------------|--|--|--|
| A service or feeder beginning at 400 Amps where the | - | rice or feeds | | | | |
| available fault current exceeds 10,000 Amps at 150 Volts or | ☐ Buildir | ngs more th | an three stor | | | |
| less to ground exceeds | Marin: | Marinas and boat yards | | | | |
| 14,000 Amps for all other | ☐ Floatin | ng buildings | | | | |
| Fire pumps | Comm buildir | nercial-use a igs | agricultural | | | |
| Emergency systems | Install | ation of a 15 | 60 KVA or | | | |
| Addition of a new motor load of 100 HP or more | _ ` | seperately of "I-2" or | | | | |
| Six or more residential units in one structure | | ational Vehi | | | | |
| Health care facilities | Supply voltage for more than 600 supply volts nominal | | | | | |
| FEESO | CHEDULE | | | | | |
| Description | Qty. | Ea. | Total | | | |
| Services or feeders | | | | | | |
| Services 200 amps or less | 1 | \$115.83 | \$115.83 | | | |
| Branch circuits | | | | | | |
| Branch circuits with service or feeder each circuit | 4 | \$4.26 | \$17.04 | | | |
| Electrical Permit Fees | | | | | | |
| Subtotal | | | \$132.87 | | | |
| State surcharge (12% of permit | | | \$15.94 | | | |
| total) | | | | | | |



Electrical Permit Application
12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222 ReavertonOregon go

| OFFIC | E USE ONLY |
|----------------------|------------------------|
| Date Received 12 200 | Permit No 3019 - 38,54 |
| Date issued: | BV |
| 111312019 | Payment Type: |

| | avertorioregon.gov |
|--|--|
| TYPE OF WORK | Smoot |
| Other: | ement |
| ATEGORY OF CONSTRU | CTION |
| Commercial/industrial | ☐ Accessory building |
| | Other: |
| | |
| · · · · · · · · · · · · · · · · · · · | reenbrier Pkwy |
| | |
| Project na | me: Hawkridge Systems |
| • | |
| Lot no.: | |
| | |
| DESCRIPTION OF WOR | Ŕ |
| e/Data) | |
| | |
| The state of the s | ⊠ TENANT |
| | |
| | |
| 97006 | |
| Fax: | |
| | |
| is being made on properly the | nat I own, which is not intended for |
| | Date: |
| | CONTACT PERSON |
| Corp. | |
| ns | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) |
| d #100 | |
| OR 97035 | |
| | · · · · · · · · · · · · · · · · · · · |
| <u></u> | |
| True to the state of the state | |
| | |
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| | |
| UI 3/000 | |
| | |
| Fax: | |
| itor.com CCB lic. no.: | 135901 |
| | |
| itor.com CCB lic. no.: | |
| itor.com CCB lic. no.: | |
| itor.com CCB lic. no.: | lic.; |
| | TYPE OF WORK Addition/alteration/replace Other: ATEGORY OF CONSTRUCT Commercial/industrial Master builder ITE INFORMATION AND address: 15220 NW Good Project nate of the project nate o |

| Paym | ient Typ | e: | | | | |
|---|----------------|-------------------------|----------------|------------|--|--|
| PLAN | REVIE | w | | | | |
| Please check all that apply: | | | der over 600 | amne | | |
| ☐ Service or feeder 400 amps | □ Dt | iilding ove | r three storie | S | | |
| or more | □ M | annas and | boatyards | | | |
| ☐ Fire pump ☐ Emergency system | □ Fid | ☐ Floating buildings | | | | |
| Emergency system Addition of new motor | | mmercial | use agricult | ıral | | |
| load of 100HP or more | | lidings tallation of | 150 KVA orla | ria. | | |
| Six or more residential units | se | parately de | nved system | 7 | | |
| ☐ Health-care facilities | □ 'A, | "E," 1-2," | 'l-3" occupano | :V | | |
| ☐ Hazardous locations | □ Re | creational | vehicle park | S | | |
| FEE S | CHEDU | LE | | | | |
| Description | Qty. | Fee | Total | | | |
| Residential single- or multi-fan | illy dwe | lling unit | | | | |
| Includes attached garage | 24900 | | | | | |
| 1,000 sq. ft. or less | | 194.6 | 4 | 4 | | |
| Ea. add'l 500 sq. ft. or portion | | 34.77 | 7 | 1 | | |
| Limited energy, residential | | 46,42 | | 2 | | |
| (with above sq. ft.) Limited energy, multi-family | | 70.72 | <u> </u> | <u> -</u> | | |
| residential (with above sq. ft.) | | 91.72 | 2 | 2 | | |
| Services or feeders Installation | alteral | ion. and/ | or reincation | Acres (| | |
| 200 amps or less | 7 | 115.83 | | | | |
| 201 amps to 400 amps | + | 137.89 | - I | 2 | | |
| | | | | 2 | | |
| 401 amps to 600 amps | - | 229.34 | | 2 | | |
| 601 amps to 1,000 amps | | 299.93 | | 2 | | |
| Over 1,000 amps or volts | | 690.22 | | 2 | | |
| Utility reconnect | | 91.72 | | 1 | | |
| Temporary services or feeders i | nstalla | tion, alter | ation, and/o | 95.00 | | |
| relocation | 1-1-1-1-1 | | | | | |
| 200 amps or less | | 91.72 | | 2 | | |
| 201 amps to 400 amps | <u> </u> | 127.41 | | 2 | | |
| 401 amps to 600 amps | <u> </u> | 184.11 | • | 2 | | |
| 601 amps to 1,000 amps | | 225.29 | | 2 | | |
| Branch circults - new, alteration | , or ext | ension, p | er panel | 17.50 | | |
| A. Fee for branch circuits with | T | | Γ | T | | |
| above service or feeder fee, |] | 4.26 | | 2 | | |
| each branch circuit B. Fee for branch circuits | - | | | | | |
| without service or feeder fee, | | 81.14 | | 2 | | |
| first branch circuit | | 0, | | - | | |
| Each add'i branch circuit | | 4.26 | | | | |
| Miscellaneous (service or feeder | not inc | (bebula | | William . | | |
| Each manufactured or modular | | | | | | |
| dwelling, service, and/or feeder | | 91.72 | | 2 | | |
| Pump or irrigation circle | | 91.72 | | 2 | | |
| Sign or outline lighting | | 91.72 | | 2 | | |
| Signal circuit(e) or limited-energy | | | | | | |
| рапеl, alteration, or extension. Describe | 1 | 91.72 | 91.72 | 2 | | |
| extension, peaching, | - 1 | | 9 117 22 | | | |
| Each additional inspection | | | | \vdash | | |
| over allowable in any of the | 1 | | | | | |
| above | | - | | | | |
| Per inspection | | 81.14 | | | | |
| Investigation fee | | VI.14 | | | | |
| Other: | - | | | | | |
| | | | , | | | |
| Electrical permit fees | | | | | | |
| SUBTO | TAL | | 9 | 1,72 | | |
| Plan review (25% | of nem | il feel | ····· | | | |
| | | | · | | | |
| State surcharge (12% o | of perm | ill fee) | 11 | .01 | | |
| TOTAL F | PERMI | TFEE | \$100 | 73 | | |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Number of inspections allowed per permit.

Form 870-1002 REV 10/17

REV 10/17

RECEIVED



JOSH KELSO

Print name:

Electrical Permit Application Olly of Beaverton Community Development PO 80x 4753, Beaverton, OR 97076 Phone: (503) 526-2403; Fax: (503) 526-2550 Internat address: www.BeavertonOragon.gov

| 0/14/0010 | |
|----------------------|------------------------|
| OFFICE | USE ONLY |
| POPPHONE BEAVERTON | Permil No.: B2010-3468 |
| OF BUILDING DIVISION | By: A// |
| 9-12-19 | Payment Type: ()(0)() |

| welve | address: www.BeavertoitOtegon.gov | BU | TEO | ING DIVISION | By: | W | | |
|---|---|---------------|---------------------------|---|--------------|---------------------|---|---------------------------|
| | TYPE OF WORK | <u></u> | | 9-12-19 | Paymo | int Type: | Che | UL |
| Mew construction | | | | | PLAN | REVIEW | | |
| LIOU | vou | | | Please check all that apph Service or feeder 400: | | Service | o of leader of ig over thre is and boat is buildings | we/ 600 a |
| OATEG | ORY OF CONSTRUCTION | | _ |) VEIMORA | nulet i | □ By¥din □ Madna | g over three | e slones |
| Co. | munercial/industrial | | _ | Fire pump Emergency system | E | Floatin | g buildings |) Jeigs |
| - Halling Ma | ster builder [7] Other | | | LI Addition of new motor | Г | J Comm buibiud | ercial-usg : | म्युत्तेदध्येत्व <i>त</i> |
| JOB SITE IN | FORMATION AND LOCATION | | | load of 100HP or more Biocormore residental un | <u>.</u> [|) installati | on of 150 K | VA or larg |
| Job address | 11711 0.10 -1111 | | | Health-care facilities Hexardous focations | ~ | 4459LBH | City Clorived a | EVE COD |
| Chylswarip: BEAVELTON | OP SOPHIA COVE | 1 | ╛╏ | | | | '12," '13" or lional vehic | 18 perks |
| Chylsuserzip: BEAVELTON , Suiterbidg Japa no.: | <u>02 77225</u> | | 7 1 | | 12 8C) | EDULE | | |
| | Project name: CAMERON PLA | 1E | 71 | Description Residential single- or multi- | l-/amily | Qly, | Pee | Yotal |
| Gross street/directions to job site: | | <u> </u> | → - | THE PERSON NAMED IN COLUMN TO A STREET OF THE PERSON NAMED IN COLUMN TO | | . danminiff | МЛИ | |
| Subdivision: CAMERON PLACE | 2Rd to Lyanfield | ' | | 1,000 sq. ft. or less Ea. add'i 600 sq. ft. or portion | | | 44.20 | |
| Subdivision: CAMERON PIACE | | | ٦٢ | Limited energy, real-lentle | }_ | 86 | 25.75 | |
| Tax map/parcel no.: | | | 11- | (with above eq. ft.) Limited energy, multi-family | 1 | / ; | 34.40 | [|
| ************************************** | | | 1 L | TERMINATE AND A PARK AND A | • • • | | 67.95 | |
| | IPTION OF WORK | | <u> </u> | Berviosa or feeders installs | lion, al | leration, e | ndior reto | ostion |
| NEW SINGLE F | Access | | , , | AA MILIDA OF 1098 | | | 55.60 | |
| 100 - STAGLE F | Anny | | ΙH | 01 amps to 400 amps 01 amps to 600 amps | | 10 | 2.16 | |
| A PROPERTY OWNER | | - 1 | | 01 amps to 1,000 amps | - - | | 9.90 | |
| | () TENANT | | 10 | Vol 1.000 amns or wills | | | 2.20 | |
| Name: Mission Homes NW, LLO | | | To | imporary services or feeds | re Inst | llution, al | 1.36 | ndlor |
| Address: PO Box 1689 | | | | location 10 amps or less | | | | HINN |
| Cily/State/ZIP: Lake Oswego, OR 97035 | | | 20 | 1 amps to 400 amps | ╼┾╌ | | 7.05 | |
| Tions: (603) 381-3763 | | 1 | 40 | t amps to 600 amps | - - | | 40 | - 2 |
| | Fauc (503) 214-8524 | | Br. | anch circuita – new, alterni | on, or | •xtension | NO Dans | <u>, l 2</u> |
| Whey installation; This installation is being m | ade on property that I own, which is not intended for | $\overline{}$ | 1 /2 | Fas for branch olrculis with above service or feeder fee, | 7 | | | <u>'</u> |
| wher signature; | Description of the second supplies of the | * | | ekan ofanch circun | | 3. | 15 | 2 |
| | Dale: | ' |] 1 | es for branch circuits without service or feeder fee | | | | |
| APPLICANT | CONTACT PERSON | | | NET DESCRIPTION OFFICERS | ` | 60.1 | 101 | . 2 |
| shess name; Mission Homes NW, LLC | | | LUIS | h add'i branch circuli | | 3.1 | 6 | |
| intect nume: Josh Kelso | | | 2000 | esilanapua (astvice or feed manufaciured or modular | or not i | noiuded) | ~, | |
| dress: PO Box 1689 | | 1 } | GW9 | Mg, service, and/or feeder | | 67.0 | 5 | 2 |
| | | | | y reconnect p or intigation circle | - | 67.90 | | 1 |
| y/State/ZIP: Lake Oswego, OR 97035 | | ├ | | or antiline Aghting | ┼ | 47.60 | | 2 |
| Me: (603) 381-3753 | Fax: (503) 214-8624 | <u>-</u> | Sign | developed on the bard on a second | | 67.90 | ' | - 2 |
| al: joshkolso3@gmall.com | 1 1 2 (003) 214-8024 | 4 8 | Doso | , BUBIALION, OF BY BARRIAN | | 67.95 | .] | - |
| | | 1 1 | _ | | | ! | j | 2 |
| CONTRA | AOTOR | - | Dar in | additional inspection over | allowa | ble in why | of the abo | PY# |
| nass name: Connsolions Electric Inc | | | | galion fee | | 60.10 | | |
| eus; PO 7136 | | | Other: | | | | | 4-1 |
| SlatwZIP: Salam, OR 97303 | | | | ELEGIRICAL | PERMIT | PDEC | | — |
| v: (503) 390-7914 | T | $\Box \Box$ | | | | | | |
| | Fax (603) 468-6863 | 71 | | Disp review (0x4) | | Bublotal | 0.00 | |
| 1: Connections electric@ notwol | CCB lio. no.: 65444 | | | Plan review (25% | | | | |
| ical lio. no.: 24-248C | City or metro lic.: 6465 | ┥┝╸ | | State surcharge (12%) | _ | | 0.00 | |
| wising electricien | 0100 | ┙┖ | | TOTAL F | | | 0.00 | |
| | | 17 | his pe | rmit application expires if | penni | t is not of | blained w | ihin |
| ame: Marvin Bergevin | Date; | | | 140 days after it has been of inspections allowed per permi | | ad as con | npiela | (111 |
| ized signsture: | | | | | - | | | |
| | | | | | | | | A / 4 - 4 |

8-13-19

rev 6/11



Electrical Permit Application

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov

RECEIVED OFFICE USE ONLY

Date Receive 8/29/2019 Date Issued:

Permit No. 1520 9-36

CITY OF BEAVERTON Payment Type: **BUILDING DIVISION**

| | TYPE (| of Work | | PLA | I REVI | EW | |
|-------------------------------------|--------------------|---|---|--|-----------------|------------------------------|---|
| ☐ New construction | | | Please check all that apply: | ☐ S | ervice or fee | der over 600 amps | |
| Other: | | | Service or feeder 400amps Building over three | | | | |
| | CATEGORY OF | CONSTRUCTION | | ☐ Fire pump | | iarinas and loating build | |
| 1- and 2-family dwelling | Commercia | /industrial | ******* | Emergency system | | | use agricultura! |
| ☐ Multi-family | Master build | | | Addition of new motor load of 100HP or more | | uildings | |
| JOE | SITE INFORMA | TION AND LOCATION | w | Six or more residential units | | | 150 KVA or larger ived system |
| | | | | Health-care facilities | □ *A | ς" 'Ε," 'I-2," " | i-3" occupancy |
| | ob address: 980 | 00 SW Nimbus | | Hazardous locations | | | vehicle parks |
| City/State/ZIP: Beaverto, | N OR | 97006 | | Description | | | 1 |
| Suite/bldg./apt. no.: Nim 6 | Ra C | Project name: 9800 SW Nin | 1 | Residential single- or multi-fan | Gty nilly dw | | Total |
| Cross street/directions to job site | | 1000 300 77// | nous | Includes attached garage | · | | , , , , , , , , , , , , , , , , , , , |
| Subdivision: | | | | Ea. add'l 500 sq. ft. or portion | | 194.64 34.77 | 4 |
| | ···· | Lot no.: | | Limited energy, residential | 1- | | <u> </u> |
| Tax map/parcel no.: | | | | (with above sq. ft.) | | 46.42 | 2 |
| | DESCRIPTIO | N OF WORK | | Limited energy, multi-family residential (with above sq. ft.) | | 91.72 | 2 |
| Lucy solt no 141 | | | | Services or feeders installation | , altera | tion, and/o | r rolocation |
| Zow vociege AV | AC CONTROC | to accommodate Ti | ζ, | . 200 amps or less | | 115.83 | |
| Related to | 82019-17 | | • | 201 amps to 400 amps | T- | 137.89 | 2 |
| A PROPERTY OW | | ☐ TENANT | | 401 amps to 600 amps | | 229.34 | |
| Name (Rep) Ericks | on Rea | Hu Ltd. | | 601 amps to 1,000 amps | | 299.93 | 2 |
| | | | | Over 1,000 amps or volts | | 690.22 | 2 |
| 7700 300 | Grittiti | h Prive Ste 133 | ĺ | Utility reconnect | 1 | 91.72 | 1 |
| City/State/ZIP: BEAVERTON | i OR ' | 77005 | | Temporary services or feeders | nstalia | tion, alters | tlon, and/or |
| Phone: 503 - 703 - 940 | | Fax: | | relocation 200 amps or less | 1 | 91.72 | 1 2 |
| | <u>''</u> | rax. | | 201 amps to 400 amps | | 127,41 | 2 |
| E-mail: | | |] | 401 amps to 600 amps | | 184.11 | 2 |
| Ourner Installation: This issually | | | | 601 amps to 1,000 amps | | 225.29 | 2 |
| sale, lease, rent, or exchange. | on is being made o | n property that I own, which is not intende | d for | Branch circuits - new, alteration | L | | 2 |
| Owner signature: | | Date: | | A. Fee for branch circuits with | , or ex | teusion, be | er panei |
| | | Date: | | above service or feeder fee, | | 4.26 | 2 |
| APPLICANT | | CONTACT PERSON | | each branch circuit 8. Fee for branch circuits | | | |
| Business name: Hynter- 4 | Palli Frank | TAIC | | without service or feeder fee, | | 81.14 | 2 |
| Contact name: P | 24 1 | 47-01 | | first branch circuit | | 1 | |
| /···· | otest : | | | Each add'l brench circuit | | 4.26 | |
| Address: 1800 SE | Pershing | Street | | Miscellaneous (sarvice or feeder Each manufactured or modular | not in | bluded) | |
| City/State/ZIP: Portland | op | 972.2 | | dwelling, service, and/or feeder | | 91.72 | 2 |
| | | 1/202 | | Pump or irrigation circle | | 91.72 | 2 |
| Phone: 503 - 542 - 36 | 28 | Fax: | | Sign or outline lighting | | 91.72 | 2 |
| E-mail: poteet@hunt | erdavisson | . (| | Signal circuit(s) or limited-energy | | | |
| - POICE COMMITTE | CONTRACT | | | panel, alteration, or extension. Describe: | | 91.72 |] 2 |
| | | QR . | | | | | |
| Business name: 5cm @ | As Above | | | Each additional inspection | - | 1 | |
| Address: | | | | over allowable in any of the | ĺ | İ | |
| City/Stale/ZiP: | | | | Per inspection | | 81.14 | |
| Phone: | | | | Investigation fee | | 01.14 | |
| ritoite. | F | BX. | | Other: | <u> </u> | | |
| E-mail: | | CCB IIc, no.: 1612 | 7 | Electrical permit fees | | | |
| Electrical No.: 26-682 | CKE | ity ar metro lic.: | | SUBTO | TAL | | 0.00 |
| Supervising electrician | -1)- | | | Plan review (25% o | of perm | nit fee) | |
| slanature reguland: | M | to the state of t | | State surcharge (12% o | | | 0.00 |
| Print name: Jim Palissi | DN 6 | 00 LEB Date: 8-27-1 | 9 | TOTAL P | | | \$0.00 |
| Authorized signature: | 1 the | | <u> </u> | | | | |
| Δ Δ | / 18last | | | This permit application expires if 180 days after it has been | accept | it is not ob led as com | rained within blete |
| Print name: Kyan 107 | eet | Date: 8-27-19 | 9 | * Number of inspections allowed per permit | REV 10 | | ;1 1 |

stained within 180 days after it has been a Number of inspections allowed per permit, Form 870-1002